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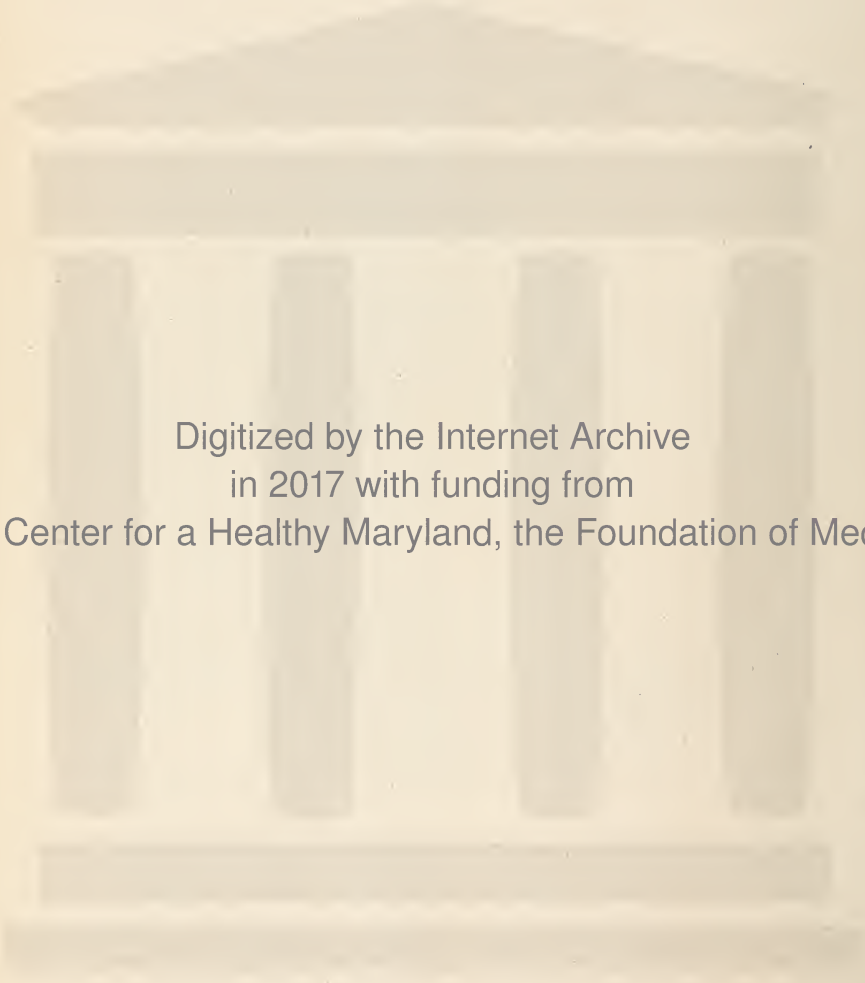

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INDEX TO VOLUME XXIV.

PAGE.

ORIGINAL ARTICLES.

Anæmia and its Treatment 381
Aseptic Surgery 93
Antiseptics, The Internal Use of 533
Astringents in the Treatment of Eye Diseases, How shall we Use 419
Bladder Trouble during Pregnancy, Two Cases of 245
Blood Clot in the Management of Dead Spaces in the Treatment of Wounds, The Value of 529
Cataract, Extraction Successful in a Case of Advanced Retinitis Pigmentosa 263
Cæsarean Section vs. Craniotomy 287
Cervix Lacerated and Prolapsed Ovaries. 2
Chronic Ulcers, The Pathology and Treatment of 485
Clinic held at Good Samaritan Hospital .. 309
Clinics, Notes on 243
Copper Poisoning, A Case of Chronic 536
Craniotomy, Report of a Case of 50
Cystocele 155
Diphtheria and the Use of Hydrogen Dioxide in its Treatment 353
Drinking Water, Determination of the Sanitary Condition of 89
Eclampsia, Puerperal, with Report of Six Cases 331
Eczema 96
Eczema and Treatment 203
Epilepsy, Trephining for a Case of Traumatic 221
Extra Uterine Fœtation, A Case of 223
Food before Sleep 35
Fracture of the Long Bones, The Use of Splints in 312
Gangrenous Erysipelas, A Case of 447
Goitre and its Extirpation, A Case of 74
Granular Degeneration of Kidneys, Early Recognition of 45
Hydrogen Dioxide 422
Hysterorraphy 222
Imperforate Hymen, A Case of 248
Inaugural Address 23
Infectious Diseases, The Notification of .. 177
Intra-Pelvic Inflammations, Remarks on the Etiology and Prevention of 441
Koch's Remedy, English Opinions of 136
Koch Treatment of Tuberculosis at Berlin, Reports on the 266
Labor, Management in 48
Lumbar Hernia, A Case of 311
Migraine, The Visual Symptoms of 133
Monorchide with Red Semen, A 294
Multiple Neuritis, The Differential Diagnosis and Treatment of 375

PAGE.

Nasal Catarrhs, The Treatment of 184
Nitro-Glycerine in a Case of Poisoning by Carbonic Oxide Gas 491
Obstruction, Intestinal 529
Pelvic Elevation in Abdominal Section for Diseases of the Pelvic Organs, The Advantages of 463
Placenta Prævia Marginalis, A Case of ... 30
President's Address 67
Prolapsed Cord, Report of a Case of. 111
Pregnancy, Ectopic, Report of Two Cases. 225
Standarized Vegetable Drugs and Galenical Preparations 468
Tetanus, A Case of Traumatic 158
Tetanus and Diphtheria, The Production of Immunity to 199
Thrombosis of Portal Circulation 6
Tonsils, Chronic Soft Hypertrophy of 1
Tuberculosis, Koch Treatment of 204
Tumors of the Uterus. Fibroid, The Treatment of 115
Valedictory Address 507
Vulnus Sclopedecum 159

SOCIETY REPORTS.

Clinical Society of Maryland 8, 76, 142, 188, 549, 316, 361, 384, 494, 537
Gynæcological and Obstetrical Society of Baltimore 143, 270, 342, 517
Medical and Surgical Society of Baltimore 32, 295, 319, 426, 449; 474, 535
Medical and Chirurgical Faculty of State of Maryland 120
Philadelphia Electro Therapeutic Society .405
Washington County Medical Society 100

EDITORIALS.

Antiseptic Value of Pyoktanin, On the ... 367
Arsenic in Wall Paper 455
Barking Cough of Puberty, The 521
Cæsarian Section vs. Craniotomy 305
Cambridge Meeting of the Faculty 80
Clinical Obstetrics in Baltimore 478
Class of 1891, The 429
Color Blindness 192
Deficiency of Native-Born Americans 303
Diphtheria of Urethral Orifice in the Male 146
Dipsomania 253
Early Recognition of Typhoid Fever, The 102
Emaciation, The Value of 10
Fevers, Eruptive, in China 543
Germ Origin of Cancer and Other Neoplasms 368
Healing under Moist Blood Clot 539

PAGE.
Historical: a Tribute to the Memory of Dr. John Russell Quinan 411
Hypnotism and its Abuse 497
International Copyright Bill 161
Insane Asylums and their Abuse, Etc.... 410
Is Lettuce a Carrier of Disease? 456
Koch 252
Koch's Treatment for Consumption 80
Koch's Treatment of Tuberculosis 120
" " 147
" " 161
Medical and Chirurgical Faculty of Maryland, Ninety-Third Annual Convention. 542
Medical and Surgical Faculty of Maryland. 10
Medical Education. Medical Colleges, and the Regulation of Practice of Medicine. 388
Medical Schools and National Association. 231
Nerve Ligature for Spasmodic Torticollis. 53
No Danger 302
Number of Really Useful Drugs, The 479
Our New Morgue 279
Present Position of Antiseptic Surgery... 348
Piratical Publishers 35
Professional Organization in Maryland... 496
Relation of Gonorrhœa to Renal Diseases. 101
Recent Medico-Legal Cases 349
Reaction, The 277
Street Noises 36
Salutary 206
Some Disorders of the Borderland of Sleep 232
Some Cases of Nerve Grafting 320
Trained Nurses 520
Use of Ether as an Intoxicating Drink... 321
Valedictory 193
Value of a Title, The 129
Very Slow Pulse 431
Xanthelasma 278

CORRESPONDENCE.

Baltimore Meeting of Medical Faculties.. 82
Berlin Letters 11, 13, 149
Cambridge Letter 127
Does Double Orchitis produce Sterility in the Male? 415
Doctor's Sign, A 280
Excrementitial Treatment of Germ Diseases 323

PAGE.
Eye Prescriptions 498
Idiosyncarsy of the External Application of Iodine 524
New York Letters 36, 81, 162
Ophthalmology in Germany 103
Piratical Publishers 38
Relation of the Physician to the Beneficial Society 193
Rules Governing the Admission of Colleges to Membership in the American Medical College Association 209

HOSPITAL REPORTS.

Presbyterian Eye, Ear and Throat Charity Hospital 13, 84, 174, 482, 526
Maryland Maternité 481

BOOK REVIEWS.

Book Reviews..14, 38, 55, 83, 102, 127, 147, 195, 210, 224, 306, 324, 370, 390, 432, 460, 480, 524

MEDICAL PROGRESS.

Miscellany and Medical Progress..16, 41, 57, 84, 107, 128, 152, 163, 197, 210, 235, 256, 280, 325, 351, 371, 391, 415, 433, 456, 483, 499, 526, 540

MEDICAL ITEMS.

Medical Items..21, 44, 66, 88, 110, 131, 153, 175, 198, 220, 240, 263, 307, 329, 352, 373, 395, 417, 438, 461, 484, 504, 527, 548

OBITUARY.

Obituary 523

U. S. ARMY, NAVY, AND MARINE HOSPITAL CHANGES.

U. S. Army, Navy, and Marine Hospital Changes 286, 373, 440, 462, 505, 550

MARYLAND MEDICAL JOURNAL.

VOL. XXIV. No. 1. BALTIMORE, NOVEMBER 1, 1890. NO. 501

CONTENTS

ORIGINAL ARTICLES.

Chronic Soft Hypertrophy of the Tonsils, treated with Antipyrin and Iodide of Zinc, with Two Cases. By William T. Cathell, M. D., of Baltimore. 1

A Clinical Lecture. By E. E. Montgomery, M. D., of Philadelphia. Lacerated Cervix and Prolapsed Ovary. Removal of Ovaries and Tubes for Epilepsy; Partial Relief. . . 3

Thrombosis of the Portal Circulation. By A. Snyder, M. D., of Washington, D. C. . . 6

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Oct. 3rd, 1890. 8

EDITORIAL.

The Semi Annual Meeting of the Medical and Chirurgical Faculty of Maryland. . . 10

The Value of Emaciation. 10

CORRESPONDENCE.

Berlin Letter. 11

HOSPITAL REPORTS.

Presbyterian Eye, Ear and Throat Charity Hospital. Monthly Report for September, 1890. . 13

REVIEWS, BOOKS AND PAMPHLETS. . . . 14

NEW REMEDIES AND APPLIANCES. . . . 15

MISCELLANY.

A New Method for Arousing Patients from Chloroform Narcosis.—Toxic Effect of Calomel in the Presence of Chlorides or the Alkalies.—Pyoktanin in Otitis.—The Heart's Beat after Death.—Medical Liability for Accidents.—Tubercular Peritonitis; Infection of an Ovarian Cyst.—Gastro-Hysteropexy.—Medical Archæology.—Typhoid Bacilli in Urine.—Treatment of Orchitis.—Anæsthesia in Small Operations. The Headaches of Growing Children.—The Mouth in Imbecile Children.—Removal of Breast during Hypnotic Sleep.—The Connection of Acute Pneumonia with External Injury.—Keratin. 16

MEDICAL ITEMS. 21

Original Articles.

CHRONIC SOFT HYPERTROPHY OF THE TONSILS, TREATED WITH ANTIPYRIN AND IODIDE OF ZINC, WITH TWO CASES.

BY WILLIAM T. CATHELL, M. D.,

OF BALTIMORE.

Among the diseases which appear in the isthmus of the fauces, none are more annoying, none more frequent, and none more troublesome to cure in our climate, than chronic soft hypertrophy of the tonsils. Especially is this true when patients refuse abscission, electrolysis and other operative treatment.

We may often, without much difficulty remedy the dysphagia, the dyspnœa, the dysphonia and the host of other symptoms of which our patient himself is conscious, but the great obstacle lies in returning the hypertrophied gland to its normal volume. This, if possible, we should not stop short of, otherwise the tonsil is likely to become susceptible to periodical attacks, many of which may penetrate deeper than the surface, and involve structures below the mucous covering and pass on to the formation of an abscess.

CASE I.—Mary R., music teacher, age 22. Consulted me December 1889, with the following history: Dysphagia, defective taste, and material alteration of the voice, especially in the acute sounds of the second scale. Breathing audible and voice sibilant. She had been a frequent sufferer with amygdalitis being affected by every vicissitude of the weather. In fact, either cold air or drink would settle in her tonsils and give her an attack. Another inconvenience was, that at times an attempt to swallow

liquid caused regurgitation through the nares.

Examination by pressing the tongue downward and forward, confirmed the history of chronic soft hypertrophy which interfered greatly with the function of the velum palati. The enlarged glands with their lacunæ greatly dilated, extended nearly to the uvula, so much so that the posterior wall of the pharynx was almost hidden.

The galvano-cautery, tonsillotome, snare, and other operative measures were objected to, owing to an irresistible fear that the voice would be permanently injured. I therefore began treatment with astringents locally. Beginning with those generally most effective, but in her case with poor success. I next resorted to a five per cent. solution of antipyrin which rarely failed in contracting the capillaries of the Schneiderian membrane, but this also proved unsatisfactory. I then began to apply iodide of zinc preceded by a stronger solution of antipyrin, ten applications which caused a subsidence to a nearly normal condition, and up to the present time her tendency to amygdalitis seems to be removed.

Case II.—George W., clerk, age 21, subject to frequent attacks of acute angina. Clinical history as follows: pulse rapid, temperature 103⅘°, face injected, slight delirium, patient throwing himself across the bed with feelings of despair. Respiration impaired, being obliged to keep his mouth constantly open. Voice thick and guttural. Acute throbbing pain along the Eustachian tube. Sensation of obstruction in the throat. Patient complains of difficulty in detaching viscid mucus from the affected parts. Frequent disposition to vomit, which phenomena, by the way, is not in these cases a symptom of irritable stomach, but purely a local trouble. The disposition being caused by the friction of the inflamed uvula against the base of the tongue.

Throat examined after having experienced much difficulty in separating the jaws. Salivary glands swollen and pouring out a copious supply of saliva. The tonsils appear like turgid balls, of a cherry-red color, and the epiglottis is slightly reddened externally with tumefaction of surrounding parts. The post-nasal channel is partly occluded. There exists a clammy and fœtid state of the mouth depending upon an alteration in the mucosities of the glands, in consequence of which a morbid secretion covers the tonsils and is propagated over the entire surface of the bucco-pharyngeal mucous membrane.

The treatment of the foregoing consisted of mist. guaiaci et pot. chlor., ad libitum, and hot fomentations externally. After procuring resolution there remained a great enlargement of the glands which still impaired speech.

Remembering my experience in the former case, I now resorted to the iodide of zinc preceded as then by the solution of antipyrin which ultimately proved successful in resolving the hypertrophy.

These cases were both in patients apparently free from strumous diathesis and specific taint. In neither case were calculi found in the tonsils. The second dated from scarlatina anginosa.

Iodide of zinc has been of benefit in my hands only when used in the following manner: First thoroughly cleanse the tonsil with Dobell's solution, or better still, E. Baldwin Gleason's of Philadelphia, the formula of which is as follows:

℞.—Sodii bicarb.		
Sodii biborat.	āā	ʒ i.
Sodii salicylat.		gr. iii.
Thymol		gr. i
Menthol		gr. ss.
Glycerinæ		f ʒ i.
Aq. Fervid.	ad	f ʒ iv.

M. Add to quart of water.

Then make repeated applications of a 10 per cent. solution of antipyrin for a period of ten or twelve minutes, otherwise this treatment will fail, after which apply the zinc by any suitable means. I now employ absorbent cotton twirled upon a pharyngeal applicator.

The treatment should be made at the office every third day until the object is accomplished, which, in the latter case, required fifty-seven days. A keen smarting is the only inconvenience, and this remains only a few minutes. Neither of the two agents has any escharotic power, therefore we have no formation of a slough. A great advantage in this treatment is, that the zinc when thus applied, will not invade the neighboring healthy structures, and therefore may be given with little fear of injury from being swallowed. Finally, one thing must not be lost of, and that is, in order to confirm a cure, the applications should be continued a few times after apparently well.

A CLINICAL LECTURE.*

BY E. E. MONTGOMERY, M. D.,
OF PHILADELPHIA.

Professor of Gynæcology, Obstetrician to the Philadelphia Hospital, Ex-President of the American Association of Obstetricians and Gynæcologists.

LACERATED CERVIX AND PROLAPSED OVARY.

Gentlemen:—The first patient I bring before you presents the following history:

Miss S., aged eighteen, began menstruating at eleven, and gave birth to a child at sixteen, in which labor was easy. Two weeks after getting up she experienced a bearing-down pain which made its appearance in the lower part of the abdomen; three weeks later the pain seemed to be in the left side. She now experiences pain and distress in the right side, which extends into the lumbo-sacral region. Menses very irregular, often occurring every two weeks, bowels regular, no dyspepsia, appetite variable, and suffers from depression of spirits. In the examination of this patient the vagina is found relaxed, the cervix presenting in the examination of the vagina enlarged, lacerated bi-laterally, lips separated, and their surface has a velvety feel, indicating erosion, the os filled with thick, glairy mucus; pressure over the surface gives rise to slight bleeding.

This portion of the examination has been accomplished by the introduction of the finger into the vagina. In order to ascertain more accurately the position of the uterus we place one hand over the abdomen and two fingers in the vagina; passing posteriorly in the posterior fornix of the vagina, we thus find that the uterus lies in contact with the fingers as they are pressed upward, while in the anterior fornix the interior and exterior fingers come together without feeling the body of the uterus. This enables us to determine the fact that we have here to deal with a case of retroversion of the uterus. To the right of the uterus is felt a mass which is exceedingly tender to pressure. It is about the size of a walnut and is quite movable. This we recognize to be an enlarged ovary. This patient has given birth to a child when the genital organs were beginning to attain their development, consequently it is not surprising that she should suffer from derangement of these organs. By the introduction of the speculum you see that this laceration extends from one side of the cervix to the other, forming what is known as bi-laceration of the cervix. You can readily see the eversion of the lips and the rolling out of the mucous membrane, presenting a reddened, raw appearance, in which the vessels of large size can be seen. This appearance is due to the pressure on the mucous membrane in which the outer layer of the epithelium is scalded off by the irritating discharge from the uterine cavity.

Now, this condition is recognized as catarrh of the uterus, or endometritis, but it affects particularly the cervical mucous membrane; it is sometimes called endo-cervicitis. It may arise from a

*Delivered at the Medico-Chirurgical College, Philadelphia.

variety of causes. In the laceration of the cervix we have the tender mucous membrane of the cervical canal exposed to friction with that of the vagina in every breath the patient draws, and in every movement she makes. This of itself is sufficient to bring about inflammation and congestion of the cervical mucous membrane.

With this inflammation we have an increased secretion from the glands of the parts. This secretion is thick and viscid, differing from that of the cavity of the uterus, which is thin and watery. As the inflammation progresses the mucous membrane becomes thickened; no longer finding space for its accommodation, it is pushed out at the external opening, increasing the separation of the lips of the organ. Frequently we find the orifices of the glands, which are here called the glands of Naboth, become constricted or closed. The glands become dilated into sacs and produce what is known as cystic degeneration of the cervix. These glands, as you will remember, are situated only in the cervical canal, consequently when they are found some distance from the external orifice, you realize the extent to which the eversion has taken place.

Another cause of the inflammation is sepsis, and in a patient who has given birth to an illegitimate child we have the most favorable condition for the development of such a disease. Now, if in examining a patient, laceration of the cervix exists, and, recognizing the fact that this laceration is often the cause of the diseased condition of the cervical membrane, it would be but natural to suppose that an operation for the restoration of the normal condition of the cervix, would result in relief from the distressing symptoms from which the patient is suffering. An immediate operation, however, in the majority of cases, is a mistake, as the narrowing of the cervical canal leads to incomplete drainage of the large quantity of the secretion which is poured out. This secretion, if retained, produces a dilatation of the cervical canal and even of the uterus, thus increasing the inflammation of the lining membrane. The first step in the treatment of such a condition is the relief of the endometritis. It is due to the neglect of this treatment that the operation for laceration is by many gynæcologists undervalued. The operation is a valuable one in cases that have been properly prepared for it, but it is one that is capable of producing danger where it is prematurely performed, as the inflammatory condition may readily pass through the uterine mucous membrane to the tubes and ovaries, giving rise to conditions of greater gravity than those for which the operation was performed.

The earlier method of treatment was the application of strong caustic remedies, it it true that it did arrest the discharge, but cured the disease by the destruction of the glands and mucous membrane, forming cicatrical tissue in their place. This tissue oftentimes contracts, giving rise to what is known as stenosis of the cervix or pin-hole orifice of the os, this contraction was particularly frequent where solid nitrate of silver was inserted into the uterus and permitted to dissolve. The cases in which it is necessary to use nitrate of silver in stick, caustic potash, fuming nitric acid, sulphate of zinc in pencil, and strong chromic acid are very exceptional. The better plan of treatment is by the use of weak solutions, one of the best being, one part carbolic acid, and two parts tincture iodine; other solutions which may be used being the glyceride of tannin, sulphate of zinc fifteen grains to the ounce, nitrate of silver fifteen to twenty grains to the ounce, and fluid extract of hydrastis.

Now, as to the methods in which these agents are to be used. You will find that the method most commonly in vogue is that of wrapping a piece of absorbent cotton about an applicator, dipping it into the solution and carrying it into the uterus. If the external orifice of the ex-

ternal canal is small, the greater part of the fluid is squeezed out, and but little comes in contact with the parts above; then again, if the cervical canal is filled with mucus, the agent is simply taken up and neutralized by this mucus, and its contact with the affected mucous membrane prevented. As a preparation for our application, we take a blunt curette, passing this into the internal canal up to the internal os, it is directed over the different portions of the mucous membrane, and in this way the contents of the glands are pressed out. Ordinarily you will find that the plug of mucus filling up the cervical canal is difficult to remove. This is due to the fact that this secretion fills up the orifices of the glands and extends to their very bottom, and consequently helps to maintain the position of the cervical plug of mucus.

The use of the curette empties these glands and secures the entire removal of the mucus. In the first application of the instrument it will be found that quite free bleeding will result; by waiting a few minutes and wiping off the surface, or by the application of a piece of cotton wet with hot water this is removed, then the agent to be applied is drawn into a pipette, the instrument introduced until its point reaches the internal os, then as it is withdrawn the fluid is forced out a drop at a time, and in this way the whole cervical canal is brought into contact with the fluid.

In the use of this application, and particularly where it is made upon the internal os, it is important that the cervical canal should be thoroughly dilated; in the first place, this dilatation allows the fluid to flow away, and obviates the danger of severe uterine colic which may occur if a few drops of the fluid are retained in the uterus. Second, you will remember that the cervical membrane is thrown into folds or rugæ, forming what is known as the "arbor vitæ arrangement." In ordinary applications the medicine would come in contact only with the superficial portion of these folds, but by dilatation, the mucous membrane is somewhat spread out and permits the contact of the application with the whole surface. This patient has been subjected to the application of electricity by Dr. Walling, using the postive pole within the canal, and the negative pole in a large electrode over the abdomen; in this way an electrolytic action is produced upon the mucous membrane reducing its thickness. Where a small electrode is used within the cervical canal, a caustic action is produced which may result in a slight cicatrice, giving more room for the thickened mucous membrane. The patient has been very greatly improved under the applications that have been made.

The next step for her relief will be an operation for the repair of the lacerated cervix. The inflammation that will be set up in the uterus will decrease its size, completing the process of involution. I am not prepared to say, however, that this operation will entirely relieve the distressing symptoms from which this patient suffers. You will remember that we still have a large prolapsed ovary. Should not an operation for the replacing of the retroverted uterus, and proper support of the uterus and prolapsed ovary by means of a pessary, be sufficient to relieve her discomfort, we would then have to consider the advisability of an operation for the removal of her appendages, this operation is one that the patient has been very desirous of having performed, but we should not do a mutilating operation so long as there is a chance of curing the patient without it.

REMOVAL OF OVARIES AND TUBES FOR EPILEPSY: PARTIAL RELIEF.

The next patient I bring before you is a woman thirty-seven years of age, who was married at the age of seventeen. Her first menstrual period occurred one week after her marriage, lasting one day, during which she had considerable pain.

With this period she, for the first time, had an epileptic seizure, and has had these seizures at or near her menstrual periods ever since, excepting during the time that she has been pregnant. She has had five children and no miscarriages; with the completion of pregnancy, the epileptic seizures would return and continue until she again became pregnant. During the last few years they have been so violent and frequent as to lead to a deleterious effect upon her mental condition. The occcurrence of these seizures with the advent of menstruation, their continuance during it, and cessation during pregnancy when the ovaries were quiescent, led us to believe that disease of the ovaries was the cause of the nervous manifestations.

The patient was operated upon on the thirteenth of last January, when the ovaries and tubes were removed; following this operation she was free from convulsions until the last of May or the first of June; lately, however, she has had a number of convulsions and has been looking badly. This she attributes to domestic difficulties. The operation, in this patient, led to immediate results, and we had begun to hope that it had accomplished a cure. The recurrence of the convulsions does not necessarily indicate that a cure will not take place, for it is not unusual for these seizures to recur at less frequent intervals after such an operation, and it is doubtless true that in her case the domestic disturbance may have had something to do with bringing about the nervous irritation which has led to their recurrence.

The history of this precedure for nerve troubles is less suited than for diseased conditions which arise from actual pathological changes in the ovaries and tubes, and the operation for epilepsy is only justifiable where there is a plain history associating the occurrence of the seizures with the performance of the functions of the ovaries. The beneficial results are sometimes late in making their appearance, so that it is sometimes a year, and sometimes longer before the patient has been greatly benefitted. That this patient will be relieved, I have no doubt, but it is important that she be free as much as possible from any nervous irritation, and that her nutrition be promoted by the use of such constitutional remedies as cod liver oil, strychnia and iron, and good nourishing diet.

THROMBOSIS OF THE PORTAL CIRCULATION.*

BY A. SNYDER, M. D.,
OF WASHINGTON, D. C.

Gentlemen:—I wish to present to your notice this evening an incomplete history and autopsy of a case which was especially interesting to me. I beg you will liberally make allowances for its incompleteness.

Mels Hallsen, male, age 31, Norwegian, admitted to the Emigration Hospital April 7th, 1888.

He was a good big fellow, but in poor physical condition, having lost considerable flesh and strength; was pale, of a yellowish cast; conjunctivæ were of a creamy color; mucous surfaces paler than normal; facial expression was of a sad and depressed variety; skin of a color of tallow; tongue furred; had at intervals considerable vomiting of a blackish fluid material, which weakened him considerably; at the same time with the vomiting would have passages of the same blackish fluid from the rectum. When this vomiting began he found considerable trouble to retain anything in his stomach. There was a tender tumor to be discovered in the abdomen in the lower epigastric and upper umbilical regions, and appeared to be under the left lobe of the liver, but could not be certain as to its attachments. The abdomen otherwise appeared normal, except for his peculiar coloring.

---

*Read before the Clinico-Pathological Society of Washington D. C., June 3rd, 1890.

Bladder was normal and urine revealed nothing; heart presented no lesion; lungs normal until late in the disease. He gave a history of a similar attack of vomiting and passing of blackish fluid, with pain in his abdomen, loss of weight and strength, and this peculiar coloring, this cachexia, two years before, in Montreal, Canada, that he had been very ill, but had made a good recovery.

This man became of considerable interest to the hospital staff as to the diagnosis. For my own part, I selected cancer of the rectum for my diagnosis, but after repeated examinations I removed my site of the cancer to the duodenum.

A short while after I had left the hospital the patient died, and at the autopsy the diagnosis was certainly established, mine decidedly wrong. A copy of the autopsy was forwarded to me and I will be glad to present it here:

Autopsy:—Mels Hallsen, age 31, Norway, admitted April 7th, 1888; died May 13th, 1888. Rather large frame, slight muscular development, adipose moderate.

Diaphragm on right side 4 ribs, left 4 space.

Fluid in peritoneal cavity, 55 ounces.

Left pleural cavity, no fluid.

Right pleural cavity. 10 ounces.

Pericardial cavity, 4 ounces.

Heart, large, fat, moderate and pale; some large fibrous patches; musculi pectinati very pale, distinctly mottled.

Left ventricle $\frac{1}{4}$ inch; right ventricle $\frac{1}{16}$–$\frac{3}{16}$ inches, weight, 17 ounces.

Left lung pale, slight œdema; bronchi very much thickened, several cheesy nodules and small spots of broncho-pneumonia.

Right lung, several old lesions; pale, few patches pleura; bronchi much thickened; small spots of broncho-pneumonia; weight of both lungs, 27 ounces.

Spleen firmly adherent all around, very firm and thick; one section pale pink; weight, 38 ounces.

Gall-bladder contains a little dark viscid bile, and a black brittle mass 1 by $1\frac{1}{4}$ inches. Numerous adhesions in peritoneal cavity; the whole peritoneum seems much thickened.

Liver, 57 ounces; many old adhesions, capsule thickened, surface pretty smooth, very firm. On section, mottled, with granules of the size of a small pea, down to a milliary tubercle, and confluent. Much capillary congestion in spots, bile ducts stained. Glisson's capsule at entrance of liver a firm yellowish mass. Portal vein, main trunk, incompletely occluded with an old thrombus, and some of its proximal tributaries completely occluded. Many of the larger branches of mesenteric veins occluded with thrombi, some older, some newer.

Left kidney, 7 ounces; water normal; supra-renal capsule firm, appears like connective tissue; kidney very firm, capsule adherent, surface smooth; very pale. On section, cortex very pale, $\frac{1}{4}$–$\frac{3}{8}$ inch; medulla pale, markings.

Right kidney $6\frac{1}{2}$ ounces, same as left.

Retro-peritoneal glands somewhat enlarged at the back of pelvis; between sacrum and rectum a yellow mass of firm yellowish tissue adherent to left of rectum.

Large intestine presents many spots of stained mucous membrane and capillary congestion. A mass of firm yellow tissue by the caput coli.

Stomach contains clots of white curds; mucous membrane pink; some hæmorrhages into connective tissue and mucous membrane near the pylorus. The whole of the small intestine enclosed in a sac of dense connective tissue, apparently covered on each side of the peritoneum. It can be pulled at an opening 2 inches in diameter, just in front of the spinal column, just where the duodenum crosses.

Brain, 52 ounces.

Diagnosis:—Thrombosis of portal circulation.

The tumor that was felt was the small intestine in the sac of dense connective tissue mentioned above.

On looking into the literature of portal

thrombus it is shown that this condition is due to pressure, as enlarged glands, abscesses, impacted gall-stones, bands from peritonitis, or from inflammation of the surrounding connective tissue, Glisson's capsule. It also may be due to violence.

The thrombus is yellowish gray in color, more or less adherent to the inner coat of the vessel, and partially or completely occludes the vessel. If the main trunk of the portal vein is completely occluded death occurs rapidly.

Symptoms are referable to obstruction of the portal circulation, particularly hydro-peritoneum (dropsy). Hæmorrhages from stomach or intestines, which may precede the dropsy; œdema of the lower limbs and genitalia.

Superficial abdominal veins may be greatly enlarged, due to portal occlusion and the formation of collateral circulation.

Diarrhœa, anorexia, and loss of digestive power; jaundice often, due to diminished pressure in the portal vein, or to obstruction of the bile-duct. Asthenia, which is the cause of death. This has been the history of pyelo-thrombosis or adhesive pyelophlebitis; but should this process become suppurative pyelophlebitis, then affairs become more seriously involved. Emboli and thrombi occur, acting mechanically and with noxious principles, adding to the symptoms those of multiple hepatic abscesses; strictly pyæmia.

It may be justly asked why, with such a clear account before one, it could be possible to confound such a clear case. But the case was not so positively clear; to begin with, he had no dropsy, no œdema of the lower extremities or genitalia; he was not really jaundiced, but had a faint yellowish coloring. The hæmorrhages from his stomach and intestine were not clear blood, but blood disintegrated until it looked like a black fluid.

The superficial veins of his abdomen were not particularly dilated.

He had both anorexia and loss of digestive power, and was asthenic.

The diagnosis of cancer was based on this painful tumor under his liver (80 per cent.); vomiting and passing of the blackish material; his peculiar complexion, nearly a typical cancerous cachexia.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT., 3RD, 1890.

The 237th meeting of the Clinical Society of Maryland was called to order by the Vice-President, Dr. Wm. H. Norris, in the chair.

The minutes of the preceding meeting having been read, corrected, and approved, the annual reports of the several officers were presented. The report of the Executive Committee was read by its chairman, Dr. R. L. Randolph, and accepted by the Society.

In the absence of the Corresponding Secretary no report was received from this office.

The report of the Treasurer, Dr. James M. Craighill, was next read, and on motion of Dr. Michael was referred to the Executive Committee for auditing. The Finance Committee report was presented by its chairman, Dr. N. G. Keirle, and accepted by the Society.

The following officers were then elected for the ensuing year: President, Dr. Hiram Woods; Vice President, Dr. J. W. Chambers; Recording Secretary, Dr. R. B. Warfield; Corresponding Secretary, Dr. C. O. Miller; Executive Committee, Drs. W. S. Gardner, V. L. Norwood, and L. F. Ankrim. Treasurer, Dr. George A. Fleming; Member Finance Committee, Dr. Wm. Green, *vice* Dr. Tiffany, whose time had expired. The Finance Committee now consists of Drs. N. G. Keirle, George H. Rohé, and Wm. Green.

Under miscellaneous business, Dr. B.

B. Browne moved that fifty dollars be transferred from the current to the permanent funds of the Society and be deposited by the Finance Committee in the Baltimore Savings Bank. Dr. Browne further moved that the Finance Committee inquire of the Savings Bank of Baltimore what steps must be taken to transfer the permanent funds of the Society from the care of the Treasurer to that of the Finance Committee, and to report at the next meeting. Dr. Hiram Woods being escorted to the chair by Dr. Wm. H. Norris, thanked the Society for the compliment paid him in making him their presiding officer. There being no further business, the Society adjourned.

R. B. WARFIELD, M. D.,
Recording Secretary.

URIC ACID IN THE BLOOD.

Sir A. Garrod showed some years ago that during an attack of gout the blood contained appreciable quantities of uric acid. Abeles and Saloman have corroborated these experiments. In the *Deutsche Medicinische Wochenschrift*, No. 23 of this year, Professor von Jaksch of Prague, whose valuable researches on the blood are well known, publishes an interesting paper on the occurrence of uric acid in the vital stream. He considers mainly two points. 1. Whether uric acid takes a prominent part in the "acid intoxication" described by himself, Peiper, and others. 2. Whether it is only in attacks of gout that uric acid occurs in the blood. The blood was tested by Salkowski's and Ludwig's method, which Jaksch consider to be very accurate. The total number of patients on whom observations were made was 105. In nine cases of perfectly healthy individuals no trace of uric acid could be detected, neither were there any xanthin derivatives present. In nervous affections, such as tabes, multiple sclerosis, polyneuritis, and tumors of the brain, the results were alse negative; on the other hand, in such cases the blood fre uently contained compounds of xanthin, especially hippoxanthin. Nine of the 105 cases were patients suffering from enteric fever, but uric acid was never found in the blood; In one case, however, in which the temperature had fallen, small quantities were discovered. In a case of irregular intermittent fever the results were analogous; during the febrile attack no uric acid could be detected, but in the intervals it was present. Diseases of the liver, intestinal tract, and stomach only led to "uricacidæmia" (as Jaksch calls this condition), where there was profound anæmia. Uric acid was found in the blood in cases of heart disease in which there was cyanosis. In affections of the lungs and pleura it was most frequently detected in emphysema, and when there was pleural exudation. It occurred constantly and in considerable quantities during the febrile stage of pneumonia (five cases.) In acute rheumatism it was never found. Fair quantities were present in renal disease—the different forms of nephritis, amyloid degeneration, &c. Considerable amounts were also observed in cases of marked anæmia, both primary and secondary. With regard to the second question, therefore, Jaksch comes to the conclusion that uricacidæmia is not pathognomonic of gout; as to the first question, he concluded that uric acid is not often found in febrile "acid intoxication," but that it may be so. It is important to notice that all morbid processes leading to overloarding of the blood with carbonic acid also produce this condition, and the greater the cyanosis the more uric acid is found. Therefore, it would seem that we must ascribe the presence of uric acid to a disturbance of the interchange of gases in the lungs, such as occurs so largely in pneumonia. How are we to reconcile with this statement the occurrence of uric acid in the blood in nephritis and anæmia? To this question Jaksch answers that in both these diseases the red blood corpuscles, whose duty it is to further oxidise uric acid, are deficient. He concludes by making the general statement that uricacidæmia is due to disorders of the red blood-corpuscles, the vehicles by which oxygen is carried.—*Lancet.*

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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BALTIMORE, NOVEMBER 1, 1890.

Editorial.

THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

We publish elsewhere in the present issue of the JOURNAL a programme of the Semi-Annual Meeting of the Faculty, which will be held in Cambridge on the second Tuesday and Wednesday of November. It will be observed that ample material has been provided for the scientific work of this meeting. From this point of view nothing will be lacking to make this meeting as striking a success as the meeting held last November in Hagerstown.

For the first time in the history of the Faculty its meeting will be held on the Eastern Shore. Cambridge is centrally located on the peninsula, and within convenient reach of the profession residing in that section. Boats leaving Baltimore at night reach Cambridge by ehe early morning, and make the place very accessible from this city. Ample hotel accommodations can be obtained in Cambridge, so that all who attend will find comfortable quarters. From present indications the attendance upon the meeting will be large, especially upon the part of the physicians residing on the Eastern Shore. This is what is particularly desired, as the object of this meeting is to interest the profession throughout the State in the work of the Faculty and to enlist their services in its behalf. The meeting in Western Maryland has demonstrated the good which can be made to flow from these reunions, not only is the Faculty strengthened by its contact with the local profession, but the local profession receives in turn the stimulus and influence of this organization. We predict for the forthcoming meeting in Cambridge the largest results yet witnessed from these meetings.

We urge all physicians, and especially those on the Eastern Shore, who have the interest of his profession at heart, to attend the Cambridge meeting. We can safely promise a most profitable and pleasant reunion in a social community noted for the refinement, culture and hospitality of its citizens.

THE VALUE OF EMACIATION.

It is supposed that no state or condition exists without there being a reason for it. Every physician has had patients both thin and stout, both lean and fat, who were not satisfied with their respec-

tive conditions, and anxiously yearned for some remedy at science's hands.

The thin man at least can feel that there is often a good reason for his condition. He is much better off than if stout; so J. B. Nias, M. B., in the *Lancet* for September 27th thinks, and this is especially true if he becomes ill. The thin man has a pulmonary territory larger than is necessary for his state of rest, and consequently he has more room for exertion, while on the contrary the obese individual has a systemic circulation to the full capacity of his lungs, so that the least exertion produces dyspnœa.

In diseases of the lungs also, if the patient were stout, the circulation could not be active. This is also true in emphysema. Such emaciation is salutary. In the same way, an old man with feeble circulation is better off thin than stout.

Correspondence.

BERLIN LETTER.

THE "AUGENKLINIK"—ANTISEPSIS VERSUS ASEPSIS—TRANSPLANTATION OF MUCOUS MEMBRANE FOR ENTROPION.

BERLIN, October 6th, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—Everyone studying medicine in Berlin, I mean every foreigner, must at once be struck with the prominence given to specialties, and it is owing to this fact perhaps that such excellent opportunity is afforded here for study, and continuous study in any special line. I could not give a comprehensive idea of all the specialties as practised here in Berlin to your readers in one letter, and so have only selected "The Augenklinik" here in Berlin as the subject of my letter to you under this date, and will endeavor to give you an idea how the "Kliniks" are conducted.

The specialties are all distinct and are not merged into one another. That is, an eye clinic is only for eyes, and ears are as foreign as surgery or dermatology. Now, the word clinic here means what we mean by clinic, and more too, for by the clinic is meant the place where they come and where the patient remains; in other words klinik in the German sense means "hospital" as well as clinic.

Berlin has many "Augenkliniks," but perhaps the one best known and most famous, is that of Dr. Hirschberg who holds a high position in Berlin as an oculist and is as well, one of the Extraordinary Professors in the University here. You may remember that in my last letter or so, I pointed out the difference between the regular, ordinary and the extraordinary professors connected with the University. Professor Hirschberg's Clinic is entirely private, being conducted under his own expense and direction.

His Clinic stands on Karl Strasse near Neue Wilhelm Strasse. This conveys very little to the mind of those who have never been in Berlin, but situates it very well to anyone who has had the pleasure of studying medicine in Berlin, or visiting this charming city; for Karl Strasse and Neue Wilhelm Strasse are synonyms for medicine and surgery, they being in the locality of such medical institutions.

In this house Dr. Hirschberg lives, using the lower floor on one side for his out-patients, and the front room on that side for the ordinary examination of his patients, while the two adjoining rooms are used for ophthalmoscopic examinations, while another is used as his office.

The second floor is used as his residence, while on the third are the rooms for pay patients, and a large well lighted

room is his operating room, which stands in the back part of the house. The house is like many other of the private hospitals of specialists here in Berlin; it seems to be an ordinary thing here for specialists to have a private house where they have their patients entirely under their control, and can have their orders fully carried out.

Antisepsis as practised in general in Berlin Hospitals and Clinics, is of the strictest kind everywhere, and in every department of the science of medicine in Berlin so strict is it that I take it not to be out of place or inappropriate to call attention to a subject that is vastly overestimated and carried too far. Following the general methods of asepsis seems to be feasible, but to try and kill all germs that can possibly come in contact with a wound or abraded surface seems to me impossible, when we know that "germs hover about us in legions." I know that antisepsis marks a stage and a very important stage in the progress of our science, but how much is due to asepsis and cleanliness, and how much is due to the influence of the bichloride in the cleansing medium?

Do we hear of hospital gangrene any more? Is it that all the germs have been killed by a germicide? Referring again to my honored Professor of Surgery, who used to say in his lectures in reference to the treatment of such preventable diseases, "the way to cure them is not to let them occur," and so I think there is a good deal of sense in it and is worthy of thought.

Here in Germany one sees the very strictest kind of antisepsis, hands are washed, scrubbed, bathed in alcohol for a long while, then washed in corrosive sublimate solution 1 to 2,000, then the part of the body to be operated upon is washed in the same way with water and bichloride, instruments are boiled for a quarter of an hour after use always and before use they are thus treated again and then put in carbolic acid solution until ready for use.

Some "antiseptician," if I may be allowed to use that word in describing one who advocates the strictest antisepsis, says "but are not the results much better than they used to be?" Yes, but how much is due to the cleansing? How many germs light on the blade of a knife when it is exposed to the air? How many rush into an incised wound as soon as opened? The case is analogous to the one we often hear repeated to us: "they must have medicine, referring to patients, the medicine must be colored or smell nice if it be eye drops; they must do something, in other words, the mind must be occupied; we must think we are doing something." I firmly believe that with water we can obtain as good results as with antiseptics. How apt is the illustration that methods and means, drugs and medicines, come into prominence, are used for every thing and seem to hold the first place for a while are tried, then with a big sweep they "take a back seat" as is yearly and weekly expressed by one of Baltimore's prominent medical men in his lectures at the Maryland University.

Entering Professor Hirschberg's Clinic room, we find it a large square room with the usual familiar objects and pictures on the walls that seem to be the especial pride of every oculist. We note two periscopes standing near the windows, and on the wall opposite the middle window are the test letters with a lamp burning near, casting its rays on the letters, and a door on this same wall and beside these letters, leads into a smaller room in which are two lamps, and this is the ophthalmoscopic room. A second door leads from this into a larger room than the one we leave, which former serves the double purpose of laboratory and ophthalmoscopic room when needed. Beyond this is the office of Dr. Hirschberg where he has his private patients.

By the time we have inspected the "Clinic," it is time to begin examining the patients. Dr. Hirschberg has two

assistants who record cases, fit glasses and other such things as fall to the lot of assistants.

If one thinks that the American physicians cruel in hospital practice, they should visit this country. I do not speak especially of this Clinic, for it is no worse than any of the others, perhaps not as bad; but it is not my intention to give an account of cruelty here. The patients begin to come in and we notice each one carrying a jar with some cotton in it and two smaller glass vessels therein. We learn that each chronic case, I mean relatively chronic case, has his own medicine, each has his "drop tube," each his own jar of sublimate solution, 1 to 2000, in which the "drop tube" is kept. Fancy this precaution! Those connected with eye work of any magnitude. The cotton is sterilized, and used to clean the eye, and the jar is sterilized, and the medicine thus kept in as clean an atmosphere as possible.

The cases that come regularly, range themselves in groups according to the trouble, thus we see a long line of "trachomatous" patients with their jars, and a clean white linen towel spread over their breast and under their chin, why, I do not know, as it certainly does not keep their clothes cleaner, for they are outpatients, and not of the most immaculate kind. Next perhaps, will come a long line of patients who, from one cause or another use atropia sulphate solution, and with these the same antiseptic precautions are taken, they have their clean towels, their jar with sublimate solution and their own medicine, drop tube and cotton. Next come the patients with their silver probes for epiphora, and I noticed that they were all passed through the upper, instead of the lower punctum.

When any foreign body is removed, then the same precautions as to septic infection possibly following are made.

I speak freely upon this subject, not because I wish to criticise the methods in vogue here, but because I think they are too extreme, and I draw such conclusions from observations in the Presbyterian Eye and Ear Hospital in Baltimore, where asepsis is practised, and where no bad effects are seen from using the same dropping tube for all, except gonorrhœal ophthalmia cases; from using the same instrument for removing foreign bodies.

The patients do not have to buy their own medicines or anything here in this clinic, it is all supplied by Professor Hirschberg, and the faith in antisepsis must be firmly implanted when it will cause such expenditure, for it is an expenditure to supply patients with three glass jars each, and dropping tubes, silver probes, etc.

I saw a very good case the other day in his clinic, it was the transplantation of mucous membrane from the lower lip to the upper tissue for trichiasis resulting from entropion. A longitudinal slit was made in the edge of the upper lid along the lower border and the interval was filled by a bit of mucous membrane from the lower lip, and I see lately that very good results followed, there being hardly any sloughing at all.

Yours Faithfully,

A. D. MANSFIELD, M. D.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR SEPTEMBER, 1890.

BY JULIAN J. CHISOLM, M. D.,
Surgeon in charge.

New cases admitted during month of September . . .	647
Aggregate of daily attendance .	2628
Number of patients treated for each day of the month . .	100
Total number operations for month	120

Senile cataracts extracted	9
Capsular cataracts	2
Internal squint operation	12
Enucleation of lost and painful eyeballs	5
Iridectomy for closed pupils	4
Mucocele opening caniculus	3
Removal of foreign bodies from the cornea	42
Removal of pterygiums from the cornea	1
Opening abscess of lid	1
Removal of tumors from lid	4
Plastic operation for replacing lid	1
Removing ceruminous plugs	24
Removing adenoid growths from throat	4
Removing enlarged tonsils	2
Removing polypus from nose	1
Opening abscess in ear	4
Puncture of drumhead	1

Reviews, Books and Pamphlets.

A Text-Book of Comparative Physiology for Students and Practitioners of Comparative (Veterinary), Medicine. By Wesley Mills, M. A., M. D., D. V. S., Professor of Physiology in the Faculty of Human Medicine and the Faculty of Comparative Medicine and Veterinary Science of McGill University, Montreal. With 476 Illustrations. New York: D. Appleton & Co., 1890. Pp. xix–636. Price $3.00.

This book differs from the author's other work of the same title by being smaller, embodying the same plan, but with greater specialization for the domestic animals. The same criticism may be made on this as on the other book. It is an important work for students of veterinary medicine, but it is also very necessary for the student of general medicine, for comparative anatomy and physiology form the basis of all anatomy and physiology. The author has written his work carefully, illustrated it fully, and has given the English speaking profession a book which should be used in all advanced courses.

A Manual of Modern Surgery. An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the use of Students and Practitioners. By John B. Roberts, A. M., M. D., Professor of Surgery in the Woman's Medical College of Pennsylvania, etc. With 501 Illustrations. Philadelphia: Lea Bros., & Co., 1890; pp. 800. Price, Cloth, $4.50, Sheep, $5.50.

Philadelphia seems to be rich in surgical productions. Ashhurst's Surgery was issued last year. Agnew's ponderous volumes followed not long after, and now Roberts issues a large work on modern surgery. It probably is modern now at the time of its production, but if surgery continues to undergo the changes it has made in the past ten years, this title will soon be a misnomer. It is a very good work, but in view of the many similar works on the market, it is hard to see the reasons for publishing it. Some subjects are treated in great detail, while at the end of the work there seems to be some evidence of hurry. The illustrations are numerous and long familiar, and few original.

Revue Internationale de Bibliographie Médicale, Pharmaceutique et Veterinaire. Dirigée Par Le Docteur Jules Rouvier, Beyrouth (Syrie). Prix de l' abonnement annuell pour la France et l'Union postale, 10 francs ($2.00).

This is the second number of the French *Index Medicins,* and it shows much work on the part of the editor. This is published quarterly, but at the earnest request of admiring critics, the editor will hereafter publish it monthly, and will add a part devoted to the crit-

ical review of certain points in medical science, and another part containing a short résumé of all articles published in that month. This seems to be an immense undertaking. This publication is so valuable and inexpensive that all writers should subscribe to it, and especially all libraries.

A Treatise on Headaches, Including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. L. CORNING. M. A., M. D. With on Appendix.

Eye-Strain, a Cause of Headache. By DAVID WEBSTER, M. D. Illustrated. Second Edition. New York: E. B: Treat. Pp. 259, price $2.75.

The second edition of this book is changed principally by the addition of the section on Eye-Strain, by Dr. Webster. It is a valuable work, and has had a good sale.

Physical Training Conference, 1889.

This is a collection of papers read at the above congress in 1889, and contains among other thinge a very valuable contribution by Dr. Edward M. Hartwell, of the Johns Hopkins University, entitled "The Nature of Physical Training and the Best Means of Securing its Ends."

The Surgical Treatment of Movable Kidney, with Report of Four Nephrorrhaphies. By A. J. MCCOSH, M. D., of New York. Reprint.

Recent Investigations in Strabismus. By Henry Friedenwald, A. B., M. D., Lecturer on Ophthalmology and Otology, College of Physicians and Surgeons, Baltimore, etc. Reprint.

Clinical Observations on Salpingitis. By THOMAS A. ASHBY, M. D., of Baltimore. Reprint.

The November number of *The Sanitarian*, forthcoming, will begin the publication of the Transactions of the American Climatological Association, held at Denver, Col., September 2nd, 3rd and 4th, 1890.

The Baltimore Medical and Surgical Record is the name of a new monthly medical journal published in Baltimore. T. H. Graham is the editor and proprietor, and the price is $1.00 a year. It would hardly be in place to praise this journal for its form, type and appearance, as they bear a strong resemblance to the MARYLAND MEDICAL JOURNAL, hence too much approbation might savor of self-adulation. It promises, however, to be a very good monthly, although it should contain more pages for a monthly. The contributors are all Baltimoreans, with one exception, and that exception contributes by far the best paper. The idea of giving portraits every month is a good one, but the great men will soon be exhausted. The management is extremely liberal with its compensation in money and reprints, and its free illustrations. The circulation is large for the first number. The illustrations in this number are a steel engraving of Dr. H. P. C. Wilson and a cut of a large number of vaginæ. The combination of these two illustrations is too evident to all. On the whole, the editor and publisher is to be congratulated on the first appearance of a neat, attractive and cheap monthly journal. He promises much in his prospectus. We hope he will keep up to the standard and each new number will be as good as this. We extend to the *Record* a hearty welcome and wish it every success.

New Remedies and Appliances.

[In this department, notice will be given of Remedies, Food Articles, and Instruments or Surgical Appliances of which specimens are sent to the Editor; it will bear the same relation to these articles that the department of Book Reviews now does to books.]

ARISTOL.

Aristol is a recent substitute for iodoform, first suggested by Drs. Messinger and Vortmann of Aix-la-Chapelle. It is a combination of iodine and thymol, and is a fine yellowish red powder, which adheres very readily to the skin or surfaces of wounds and burns. It is insoluble in water and glycerine, and very sparingly in alcohol, but is very easily soluble in ether and chloroform. The ether solution is precipitated by the addition of alcohol. *Aristol* is very freely soluble in fatty oils and in vaseline. The solution must be made in the cold, by stirring, as the use of heat causes a decomposition. For the same reason it is necessary to protect the body from light and keep it in opaque bottles. It is used principally in diseases of the skin, and should be prescribed either alone or in ethereal or oleaginous solution, or mixed with collodion, lanolin, or vaseline. W. H. Schieffelin & Co., New York, are the sole agents in this country.

GREEK WINES.

The Greek wines recently introduced into this country by Messrs. J. D. Buchtel & Co., of New York, are a very pleasant innovation. Mavrodaphne is a sweet red, aromatic wine, much liked by ladies, and Camerite is a dry red wine, containing almost too much tannin for some palates, but a pleasant remedy in diarrhœa.

Miscellany.

A NEW METHOD FOR AROUSING PATIENTS FROM CHLOROFORM NARCOSIS.

We learn authoritatively that a homœopath of this city uses no other method for restoring patients to consciousness from chloroform narcosis than the dilatation of the sphincter ani muscles, which is accomplished by thrusting three fingers up the rectum and dilating it in a most vigorous manner. We understand that in the numerous instances in which this novel method has been tried the patients invariably gave a Comanche "whooop-pe-a-whoop-pa-o-oo-ugh" yell that startled the natives for several blocks. It is claimed this discovery was made by observing the ease with which patients recover from chloroform in operations on the rectum.—*Texas Health Journal.*

TOXIC EFFECT OF CALOMEL IN THE PRESENCE OF CHLORIDES OF THE ALKALIES.

Dr. Paul Adam (*Nouveaux Remèdes*, Aug. 24, 1890) confirms the statements of such authorities as Moll, Hervé, Guibourt, Larocque, Jolly, and others to the effect that within the body calomel does not to any appreciable extent go into solution as sublimate. M. Mialke's assertion that it does, and that the agent in effecting this is sodium chloride, is still current doctrine. Dr. Adam's experiments were made both in the absence and presence of organic matter; in either case only traces of mercury went into solution provided that there was not free access of air. In the presence of air a considerable quantity of mercury was dissolved. The author claims that within the body the access of air is practically *nil*. Besides experiments outside the body, others were made on the living animal which confirmed the above negative statement.—*British Medical Journal.*

PYOKTANIN IN OTITIS.

Dr. Patryek, of Oppeln, has tried pyoktanin, the new aniline antiseptic, in several cases of suppurative ear disease, and has come to the conclusion that it has little if any effect on the process of suppuration—at all events in this class of cases. He mentions besides that the staining of the hands and clothes, which

was unavoidable, was a very considerable drawback.—*Lancet.*

THE HEART'S BEAT AFTER DEATH.

Grey had an opportunity to observe a man who was guillotined, within one minute after the knife had fallen. The heart beat for six minutes, the contractions of the auricles and ventricles being independent of each other. This is the first time in the history of science that such an observation has been made on a human body.—*Weekly Medical Review.*

MEDICAL LIABILITY FOR ACCIDENTS.

In view of the unbounded charity that is often claimed of medical men, and the scant courtesy which their spontaneous expenditure of skill on behalf of the poor occasionally receives, the following example of litigation is somewhat instructive. In the supreme Court of New Zealand, a few weeks ago, an action was brought against the South Canterbury Hospital by the father of a child supposed to have been injured through the neglect of the hospital board. The infant, aged seven months, though too young for admission, was taken in as a matter of necessity. No nurse could be spared for its exclusive care. It was, therefore, with the mother's sanction entrusted to a young convalescent patient. Through some neglect on the part of the latter, the infant was scalded by a steam kettle, not very severely and recovered. The accident was thus, as the presiding judge remarked, one such as might occur in any household in the course of treatment, and for which the hospital board obviously could not be held responsible. Judgment was therefore given for the defendants, with costs, and a sound rating, which was undoubtedly well deserved, was administered to the plaintiff along with the verdict. Cases of this kind carry their lessons. The base ingratitude which they disclose in the recipients of much kind effort and skill freely expended, because forsooth, an accident has marred the course of recovery, calls for the severest condemnation. It is evident that in the minds of such persons charity is never genuine unless it can be made as irksome and unpalatable as possible to the bestower. In view of possible contingencies like the above, it might be well for hospital authorities to consider whether they ought not, after the manner of some trading companies, to disclaim *ab initio* all liability for accidental injury to patients who may be placed in their care.—*Lancet.*

TUBERCULAR PERITONITIS; INFECTION OF AN OVARIAN CYST.

Dr. Sänger recently described before the Obstetrical Society of Leipzig a case to be noted alike by surgeons who perform abdominal section, and by all who are interested in the pathology of tubercle. A woman, aged 67, was subject to an ovarian cyst, which had repeatedly been tapped. Dr. Sänger operated, and removed a multilocular glandular cyst, weighing 16 pounds. The contents were colloid. There were universal adhesions readily broken down without much hæmorrhage. Then the operator found that tubercular peritonitis existed, proceeding from the Fallopian tube, which was removed with the cyst. The affected tube was as thick as a man's finger; its cavity contained cheesy matter; its serous coat was covered with miliary deposit. The wall of the cyst was beset with yellow patches, which, on microscopic examination, proved to be true tubercular deposit. The uterine discharge, muco-purulent and full of cheesy flakes, indicated tubercular disease of the uterus, but no tubercle bacilli were detected. The patient recovered, it is reported, without any rise of temperature. This fact, in connection with the great age of the patient and the tubercular disease, is certainly remarkable. The tapping had no doubt caused the tubercular infection of the cyst wall.—*British Medical Journal.*

GASTRO-HYSTEROPEXY.

M. Pozzi performs hysterorrhaphy after certain modifications introduced by himself. The uterus having been exposed and brought forward till it touches the abdominal wound, a continuous silk suture is passed through the posterior sheath of the rectus close to its cut edge on the left side, the peritoneum, and the uterus in the middle line, and hence to the peritoneum and sheath of the rectus on the right side of the wound. The uterus is transfixed three times in this manner, the needle passing a short distance under the serous coat, further in the uppermost than in the lower points of transfixion. The suture is finally tied and cut short. The more superficial layers of the abdominal wound are sutured separately. M. Pozzi described two cases of retroflexed uterus bound down by adhesion where this operation was performed, in the *Annales de Gynécologie* for June, 1890. The first case was a complete success. Alexander's operation had been already attempted without giving relief. In the second there was suppuration of the lower part of the wound, which the operator attributed to the fact that the silk suture had not been sufficiently boiled. The uterus in each case remained firmly fixed to the parietes. M. Pozzi prefers the continuous sunken suture to the interrupted suture passed outside the integuments, and removed on about the fifteenth day after operation, as practised by Leopold, who considers that a relatively loose adhesion is sufficient.—*Brit. Med. Jour.*

MEDICAL ARCHÆOLOGY.

The Greek correspondent of the *Athenæum* (Spyr. P. Lambros), in a letter to that journal, has given an account of the task undertaken by Dr. G. Kostomiris, who, in 1887, published an interesting treatise on ophthalmology and otology among the ancient Greeks. Dr. Kostomiris has since pursued his researches at the Bibliothèque Nationale in Paris, and discovered there a large number of unpublished manuscripts of medical works. In a paper read before the Academy of Medicine he enumerated the works of twenty-four physicians, and also several anonymous treatises, which he considers deserve publication, not only on account of their historical and philological importance, but also on account of their medical value. This last statement may be due to the learned ophthalmologist's enthusiasm, but the interest of the subject is so considerable that it is pleasant to learn that the Medical Faculty of Athens and the Senate of the University have taken up the project to print the pseudo-Hippocratean treatises which have not yet been published, as well as treatises of Kratenas, Galen and Promotus. Funds have been provided from public sources, and Dr. Kostomiris is about to devote a year to preliminary work. His first step has been to proceed to Mount Athos to study the manuscripts preserved there.—*Brit. Med. Jour.*

TYPHOID BACILLI IN URINE.

Dr. Justin Karlinski communicates to a Polish medical journal the results of some observations on the existence of typhoid bacilli in the kidney and urine. In six cases of typhoid fever the urine was taken after death by means of a trocar, and in thirty-eight cases it was drawn during life by a catheter and examined bacteriologically by means of gelatine plate cultures. In the cases where a post-mortem examination could be obtained, sections of the kidney were also made, and examined by inoculating gelatine as well as microscopically by Konarieff's process. Of the six cases where the kidneys were obtained, collections of rounded granulation elements were found in five, both in the cortical part and beneath the capsule, a few typhoid bacilli lying amongst them. In the central portion no bacilli were found. In one case they were found in the tissue lining the pelvis of the kidney. In the forty-four cases in which the urine was examined, Eberth's bacilli were found in twenty-one, all these specimens of urine

containing also albumen. In cases where the albuminuria was transient the bacilli were not discovered. Sometimes they appeared in the urine much earlier than in the stools; the earliest appearance in the urine being on the third day, while they were never detected in the fæces before the ninth day of the disease. They were, moreover, much easier to find in the urine. Dr. Karlinski also made a series of experiments in order to ascertain whether these bacilli develop in albuminous urine. For this purpose he kept tubes of albuminous urine containing them for some time in a thermostat at about the temperature of the body and examined them daily, with the result that he found the number of colonies increase very rapidly. The vitality of these was preserved also for a long period. Experiments were likewise made with urine containing bile, but it was found that this entirely destroyed the bacilli in about five days.—*Lancet.*

TREATMENT OF ORCHITIS.

Dr. Dugau, of Toulouse, vaunts the application of iodized cotton and compression in the treatment of orchitis. He applies the iodized cotton on the scrotum, maintained in place by the aid of a suspensory bandage, and thus immobilizes it and exercises on it a regular and continued compression. He observed that in a great number of cases where this method was employed the painful phenomena of orchitis yielded completely in from eight to twelve hours of treatment. Total cure was obtained on an average in from three to eight days, and the induration of the epididymis, which sometimes lasts a long time, had disappeared at the end of from fifteen to eighteen days. The author observes that this treatment no doubt acts by the compression, but it is also natural to admit that the slight revulsion produced on the scrotum should be taken into account, as well as the properties eminently resolutive of the iodine.
—*American Practitioner and News.*

ANÆSTHESIA IN SMALL OPERATIONS.

For this purpose Dr. A. Dobisch, of Zwittau, recommends spraying the parts for one minute with the following:

Chloroform, 10.00, ether, 15.00, menthol, 1.00. This produces complete anæsthesia of the skin lasting for from two to six minutes.—*International Journal of Surgery.*

THE HEADACHES OF GROWING CHILDREN.

Many of these cases are due to eye-strain, anæmia, hysteria, etc., and as a general thing it is often possible to prevent these injurious influences from effecting their mischief. In fine, there are certainly more headaches during the season of growth than at any other time; it is, however, doubtful if there is a headache of growth, properly so called. —*Archives of Pediatrics.*

THE MOUTH IN IMBECILE CHILDREN.

The author believes that high palates occur mostly in two classes of cases,—the Mongolian and the microcephalic. The former type embraces about five per cent. of all imbeciles, and is very distinctive. The lower incisors are irregular and rarely meet the upper in a line. The wedge-shaped mouth is common, the teeth being arranged in two converging lines, which meet at an angle. This is usually accompanied by a high and vaulted palate.—*Archives of Pediatrics.*

REMOVAL OF BREAST DURING HYPNOTIC SLEEP.

Dr. Schmeltz, of Nice, (*Gazette Médicale de Strasbourg*, July 1st), has recently recorded a case in which he removed a sarcomatous breast during anæsthesia caused by hypnotism. The patient was a girl, aged 20, who was easily thrown into the hypnotic state. The operation was performed in the presence of Drs. Lauza and Barriera, and the entire organ, together with the aponeurosis of the pectoralis major was removed by the oval incision.

Five drainage tubes were inserted and the wound was closed with thirty-two metallic sutures. The operation lasted an hour. The patient remained absolutely insensible, in a condition of the deepest anæsthesia, such as is only seen after large doses of chloroform. Dr. Schmeltz says: "I operated very slowly and quite at my ease: the patient even tried to encourage me by her words; she seemed very gay, and laughed loudly from time to time as if to show that she felt no pain. In order to make the operation easier for me, she turned herself about so as to place herself in the most favorable position, keeping her right arm stretched out so that no assistant was required to keep it steady." She was kept under observation for the rest of the day, and having been told not to feel pain, and to have a good night, she obeyed these instructions in the most docile manner. The wound was completely healed on the fifteenth day. The only symptom worth mentioning, which Dr. Schmeltz observed in the patient during the operation, was great pallor of countenance, without any dilatation of the pupil or weakening of the pulse. The tumor weighed 2 kilogrammes.—*British Medical Journal.*

THE CONNECTION OF ACUTE PNEUMONIA WITH EXTERNAL INJURY.

Dr. Heimann (*Berlin. klin. Wochenschr.*, October 6th), gives a case from his own practice in which a fall was followed by pneumonia and a certain amount of pleurisy in the person of a weaver, aged 56, who fell down a flight of ten steps on his right side, causing contusion of his right hip and thigh and the right side of his thorax, especially between the sixth and eighth ribs, but no ribs appear to have been broken. He was confined to bed, and soon recovered from the injury both to the lower extremity and the thorax, but five days later complained of sharp pain in the right lower chest, with shortness of breath and thirst. The temperature rose to 104° F., and dulness with bronchial breathing, sonorous *râles*, and friction sound over the lower lobe of the right were detected. The pneumonia resolved in sixteen days, but the pleurisy remained, giving rise to some dyspnœa, and the patient claimed a pension from an accident fund, on the ground of the lung lesion being the result of an accidental injury. Dr. Heimann discusses the possibility of pneumonia arising in this way, in the same way that osteomyelitis follows external injury. He gives an instance of tuberculosis supervening on an injury to the chest wall from a stone falling on a man, who died of phthisis dating from the accident. In the weaver's case, the accident fund took the view that the pleuropneumonia was due to the accident, and awarded him a liberal pension.—*Brit. Med. Jour.*

KERATIN.

Drs. Unna and Beiersdorff recommend that pills coated with keratin, or capsules made of this substance, should be employed when drugs are prescribed which irritate the gastric mucous membrane, and the administration of which is liable to induce vomiting—such as preparations of digitalis and squills, salicylic acid, or iodide of iron; also when substances are given which neutralise the acidity of the stomach, or which in any way impair its activity—such as acetate of lead, tannin, nitrate of silver, alkalies, &c. An outer coating of keratin is also desirable when prescribing drugs that are required to act on the intestinal mucous membrane without affecting that of the stomach, such as extract of logwood, tannin, or the salts of aluminium. Finally, keratin is most valuable when substances are given with the object of destroying worms, but which if introduced in the ordinary way into the stomach undergo absorption to such an extent that they are liable to set up alarming symptoms, while at the same time their vermicidal action is reduced. Keratin is obtained by treating shavings of buffalo horn with ether,

alcohol, and an acid. Its special property is that it is insoluble in the contents of the stomach, but readily so in those of the intestine after the pancreatic juice has entered.—*Lancet.*

Medical Items.

Dr. Harry P. Galligher and Miss Broderick were married last Wednesdy.

Dr. J. B. Mullins was married last month.

The marriage of Dr. H. N. Willis of Easton, and Miss McMaster of Pocomoke City, took place at the latter place last Wednesday morning.

Cases of influenza have been reported during the last week from some Hungarian and Alpine districts; in most of them intestinal disorders, accompanied by rheumatic pains, were the principal symptoms.

It is announced that the Women's Committee has raised the necessary $100,000 and that they will be admitted on equal terms with men to the Johns Hopkins Medical School, provided they have the proper preliminary training.

One physician of Buffalo has brought suit against another for twenty-five thousand dollars' damages for calling him a quack. The chief interest in the case lies in the fact that this much-used and often-abused word is now likely to be defined judicially.

An Association of Physicians and Privat-docenten has been formed at Vienna, with a view of founding a new policlinic, where post-graduate courses will be given. It is believed that the opening of this new institution will take place in February next.

Professor Siegmund Exner, formerly assistant of Professor Bruecke, has been ordered by the Government to act as interim Professor of Physiology at the Vienna University, but it is hoped that he will become the successor of his now retired master as soon as the buildings of the new Physiological Institute are finished.

M. Quinchard, of Saint Brieuc, has left an annuity of 2,000 francs ($400) to the French Academy of Medicine for the foundation of a prize of 4,000 francs ($800) to be awarded every two years to the author of the best essay on "Croup and Croupal Anginæ" containing the most practical suggestion for the efficient treatment of these diseases.

At the October meeting of the Gynæcological and Obstetrical Society of Baltimore, the following officers were elected for the ensuing year. President, Dr. Henry M. Wilson; First Vice President, Dr. Charles H. Riley; Second Vice President, Dr. Howard A. Kelly; Treasurer, Dr. Robert T. Wilson; Secretary, Dr. William S. Gardner.

Members of the profession in Baltimore desiring to attend the State Society meeting at Cambridge on November 11th and 12th, take the 9 o'clock boat on Monday the 10th, arriving at Cambridge Tuesday Morning. They may return Tuesday night. The fare is $2 for the round trip, stateroom $1 each way, and meals extra.

Commencing October 15th, 1890, and terminating May 1st, 1891, weekly Clinics will be held in the Amphitheatre of the Johns Hopkins Hospital as follows: Medical, Wednesdays, at 12 noon, Professor Osler. Gynæcological, Thursdays, at 12 noon, Professor Kelly. Surgical, Fridays, at 9 A. M., Professor Halsted. Physicians from Baltimore and Maryland are cordially invited to be present. Entrance to Amphitheatre on East Monument Street.

One of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of their Soluble Food and Lacto-Preparata, and contained extensive and valuable machinery. They had considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondngly enlarged.

Dr. Paul Gibier, Director of the New York Pasteur Institute, gives the results of the preventive inoculations against hydrophobia performed at his Institute since its opening (February 18, 1890).

To date, 610 persons, having been bitten by dogs or cats, came to be treated. These patients may be divided in two categories:

1st. For 480 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended during the proper length of time, when it was necessary. 400 patients of this series were consulted or treated gratis.

2nd. In 130 cases the antihydrophobic treatment was applied, hydrophobia having been demonstrated by veterinary examination of the animals which inflicted bites or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. All these persons are, to-day, enjoying good health. In 80 cases the patients received the treatment free of charge.

The City Hospital Dispensary was reopened in the new building of the College of Physicians and Surgeons on Monday. The Dispensary Staff has been reorganized as follows: *Physician in Charge:* Professor N. G. Keirle, M. D.

Surgery: Professor C. F. Bevan, Professor J. W. Chambers, Chef, L. F. Ankrim, M. D., Assistants, R. G. Davis, M. D., G. G. Perry, M. D.

Diseases of Children: Professor Thos. S. Latimer; Chef, F. Bressler, M. D., Assistant, W. S. Blaisdell, M. D.

General Medicine: Professor Thos. S. Latimer; Chef, J. B. Saunders, M. D., Assistant, E. C. Stuart, M. D.

Diseases of Women: Professor Thos. Opie; Chef, Chas. B. Ziegler, M. D., Assistant, Standish McCleary, M. D.

Diseases of the Skin: Professor George H. Rohé; Chef, J. W. Lord, M. D.

Diseases of the Nervous System: Professor G. J. Preston; Chef, C. H. Jones, M. D.

Diseases of the Eye and Ear: Professor A. Friedenwald; Chef, Harry Friedenwald, M. D., Assistant, G. B. McFarland, M. D.

Diseases of the Nose, Throat, and Chest: Dr. George Thomas; Chef, H. Baxley, M. D.

At the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland, on November 11th and 12th, the following papers will be read. Ligature of Sub Clavian and Carotid Arteries for Innomimate Aneurism, by Dr. R. Winslow; Use of Electrolysis in Stricture of the Rectum, by Dr. S. T. Earle; Some Observations on Fibroma of the Nose and Naso-Pharynx with Report of Three Cases, by Dr. S. K. Merrick; Prolapse of the Funis, by Dr. Wilmer Brinton; Relation of Albuminuria to Puerperal Eclampsia, by Dr. W. S. Gardner; Pyoktanin in Eye Diseases, by Dr. Herbert Harlan; Some Observations Concerning Pure Hypnotics, by Dr. I. E. Atkinson; Report of a Case of Perineal Section without a Guide, by Dr. J. Edwin Michael; Differential Diagnosis and Treatment of Peripheral Neuritis, by Dr. Geo. J. Preston; The Injurious Use of Remedies in Eye and Ear Diseases, by Dr. Hiram Woods; Remarks on Vaginal Examinations, by Dr. W. P. Chunn; Acute Suppurative Appendicitis, with Relation of a Case, by Dr. J. W. Chambers; Post-Nasal Obstruction in Children, By Dr. J. N. Mackenzie; Prognosis in Heart Disease, by Dr. W. B. Canfield; The Treatment of Fibroid Tumors of the Uterus, by Dr. Geo. H. Rohé.

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CONTENTS

ORIGINAL ARTICLES.

Inaugural Address. By John G. Jay, M. D., of Baltimore. 23

A Case of Placenta Prævia Marginalis with Favorable Termination without Obstetric Interference. By H. L. E. Johnson, M. D., of Washington, D. C. 30

Food before Sleep. By Wm. T. Cathell, M. D., of Baltimore. 32

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held Oct. 9th, 1890. A Case of Tubercular Peritonitis, treated by Laparotomy. Management in Labor. A Report of a Case of Craniotomy. Suppression of Phthisis. . . 33

EDITORIAL.

Piratical Publishers. 35

Street Noises. 36

CORRESPONDENCE.

New York Letter. 36

Piratical Publishers. 38

REVIEWS, BOOKS AND PAMPHLETS. . . . 38

MISCELLANY.

Stone in the Bladder of a Mixed Character; Solvent Power of Buffalo Lithia Water.—Massage in Fractures.—Action of Oil of Turpentine in Idiopathic Croup.—Chloroform Inhalation in Phthisis.—The Virtues of a little Faith.—Aristol in Blepharitis and Keratitis.—Powder for Migraine. 41

MEDICAL ITEMS. 44

Original Articles.

INAUGURAL ADDRESS.*

BY JOHN G. JAY, M. D.,

OF BALTIMORE.

Professor of Anatomy and Operative Surgery. in the Woman's Medical College.

Having been in my absence selected by my colleagues to address our assembled friends at the opening of the session of 1890 and 91, I feel bound by the distinction thus thrust upon me to request your attention for a brief period. A period sufficiently brief, let us hope, to avert the ennui which might be the result of too great prolixity.

In the name of the Faculty of the Woman's Medical College of Baltimore, I greet you ladies and gentlemen with heartiest welcome to the opening of the Ninth Annual Session of this school.

It felicitates us truly to see you all. These visitors who show by their presence their interest in the College, as well as the students of the past, and those whom we meet for the first time to-day.

To the students of the past session who come to us again, those whom we have learned to know well and to appreciate, those who by their zeal and diligence have won our high esteem, we extend a welcome as to friends of former days, hoping that the vacation just terminated has been to them abundant in health, pleasure, and general benefit.

Some of these we have had an opportunity of observing since the close of the last session, and have been gratified to perceive that the interest which they then showed in their selected vocation has not relaxed, but has frequently been evinced by alacrity and prompt response when summoned by their professors to

*Delivered before the Class of the Woman's Medical College, at the Opening Exercises of Session of 1890-91, October 1st, 1890.

important and instructive clinics and surgical operations. By this we know, ladies, that you come again with the same earnestness of purpose which characterized your work during the last session, and we are happy to give you words of welcome and encouragement for the future.

You have, we are sure, found by this time, an ardent interest in the study of medicine, both in the theory and practice as taught in accordance with modern views, and you perhaps already realize that modern science in general, by its influence upon matters medical and surgical, is continually effecting multitudinous and momentous revelations hitherto undreamed of. This being the case, much more may rationally be expected of the practitioner of to-day than of the doctor of bygone years, when medical knowledge was neither so extended nor so exact. And, if of the physician, so of the student of medicine. Hence, the studies of the curriculum and the requirements of students in all medical schools have been multiplied.

As a natural consequence, it was found that the time formerly deemed sufficient, was too short, and the student was overworked. The only remedy for this was to extend the period of instruction, so that schools of the best standing have increased the number of sessions of tuition to three years, and probably not a great many years may elapse before a fourth may be considered a necessity.

However, this may not be realized in the near future, not while any here frequent these halls as students, but time may discover some of you as doctors of medicine wisely advocating this, and laboring to effect its realization.

It may be said that the history of medicine is coextensive with that of the human race. Indeed, me may go further and truthfully assert that it is paralell to, and closely connected with that of animate creation, for that the lower orders of animals have some knowledge of the requirements and necessities of their organisms beyond that of their ordinary food, and the application of remedies to disordered conditions, the observations of students of natural history, as well as of those who scrutinize less closely, give abundant proof.

Often have animals thus been observed to seek and consume articles foreign to their ordinary and natural pabulum because of disordered conditions of their economy, and to make their perhaps instinctive selections with an almost human intelligence. The greater rationality with which man is endowed enables him to extend this selection and application to an unlimited degree, and so with mankind, the evolution of the science of medicine has progressed through cycles and æons among its various races in proportion to their advance in intelligence and general knowledge, until arriving at its present state, it has become such an important factor in the welfare of the world; such an agent of relief and beneficence to man and to those animals which are subordinate to him, and upon which in turn he is in many ways so greatly dependent. Therefore we cannot date the birth of the healing art with any even approximate accuracy, but can only go back to the time when, by tradition, the names of those who are said to have fostered and practised it, loom up through the dim obscurity of prehistoric ages.

In Greek mythology there were individuals among the gods who wrought miracles. Orpheus restored life by the music of his lyre. Apollo who was a god of exquisite accomplishments, made something of a specialty of medicine. When we recollect that Apollo was sometimes called Phœbus, which signifies pure, bright, and that this name was also applied to the sun, we can see the significance, as the sun is truly an agent of exceeding beneficial potency to every living creature.

Asclepius or Æsculapius, the son of Apollo, and pupil of Chiron the centaur, was such a successful healer of men that

Pluto complaind to Jupiter that he was retarding and seriously interfering with the population of his empire, so that his census returns were unsatisfactory and disappointing. Whereupon Jupiter, in order to conciliate the ruler of the nether regions, extinguished Æsculapius with a cyclopean thunder-bolt. His descendants however, continued through generations to be distinguishd in the practice of medicine and surgery, and to Æsculapius himself, temples were erected and worship was rendered. Passing over a long period of mythological history of the art, we arrive at last at accounts more authentic, but we find among nations far advanced in civilization, that the practice of medicine being largely monopolized by their priesthood, was so imbued with falsity, superstitious rites and wilful deception, as to make it anything but an exact science, or an agent beneficial to the people.

In the latter part of the fifth century B. C., there appeared in Greece a most remarkable man whose name was Hippocrates, who was descended from an ancestral line of physicians, and whose tolerably authentic works exist to this day.

In the main, his doctrines were rational and were a great advance upon the teachings of his predecessors. As a consequence, his cotemporary and subsequent fame was great, and he is still known as "The Father of Medicine."

The greatest incongruity of his history however, is, that he was descended from the Asclepiadæ, whose forefather was Æsculapius; but many eminent men have since his time been of an origin as difficult to trace.

Following Hippocrates, we have a lengthy category of names which are celebrated in the history of medicine; Aristotle and Praxagoras in Greece, the Ptolemies in Egypt, Herophilus, Erasistratus, Celsus, Galenus, etc.

Some long intervals of time elapse in which we find no medical star of the first magnitude. About the middle of the seventh century we hear of Paulus Aeginata, and during the eighth and ninth, of several distinguished Arabians. In the middle ages, mystery and obscurity are only too noticeable, and advance in the science seems to have given way to actual retrogression. Paracelsus, a Swiss or German, whose real name was Hochener, and who lived in the middle of the sixteenth century, was a combination of good and bad; he is said to have been an ignorant boaster, but, nevertheless, to have introduced chemical remedies into medicine. In this century lived also DuBois, or Sylvius, Vesalius, Eustachius and Fallopius, all of whose names are intimately connected with anatomical research. In the seventeenth century lived Harvey, Malpighi and the great Sydenham. During the eighteenth, especially the latter third, the science of medicine made notable advances, and here we find many honored names, among them that of Jenner, but it is in the nineteenth century that a complete revolution has taken place, and that medicine has come to occupy the position of an exact science.

The evolution in every department of medical science in this century is truly marvelous; in fact, in the last twenty, ten, or even five years, we find unparalelled development. In materia medica and consequently in general therapy, in surgery, and in gynæcology, as well as in pathology, such progrsss has been made that earlier teachings and former methods have been radically modified or entirely set aside for the new order of things. Bacteriology is a new term, and a new department of investigation and knowledge; and the revelations of Pasteur, Koch and a host of others, bearing, as they do, with such weighty import upon pathology in general, necessitate an entirely new interpretation of very many morbid conditions and processes.

To fully realize the truth of these statements we have only to refer to the medical literature of the past. Unless one has access to medical works of one,

two or more centuries ago, he has no idea of the absurdities which, then in vogue, were practised in the name of the healing art. Measures ridiculous and articles disgusting were advised and applied with all the gravity of erudite dignity.

Imaginary evils, such as witchcraft, the possession of devils, etc., were treated as seriously as the physician of the present day does a veritable illness or lesion.

It is really no wonder, considering the state of medical knowledge of that time, that even intelligent men, not satisfied with the then prevailing doctrines and practice, should have, in their search for something better, turned to methods such as homœopathy, or other theories equally as fanciful, deceptive and absurd. It is hardly credible that many articles embodied in the works on materia medica could seriously have been employed, or that patients could have been induced to take these revolting things into their mouths and stomachs, yet they are mentioned as possessing virtues extraordinary, as potent for great good and as effecting marvelous cures. In a work on materia medica entitled "The New English Dispensatory," published about one hundred and twenty-five years ago, can be found a multitude of examples.

In the section on animal contributions we read of certain parts or the whole of insects, reptiles, birds and mammals, and even their excrements and parasities as having been employed. Among the most remarkable are bats, lizards, carrion crows, grasshoppers, roaches, ticks, wasps, scorpions, serpents, toads and various kinds of flies. We are told of the toad, that its heart, dried, reduced to powder, and taken an hour before the paroxysm, will cure quartan ague. Of common house flies, we are informed that they promote the growth of hair. Perhaps the virtues of these were confounded with the well-known irritating action of the cantharis, but as it does not appear exactly how they were to be applied, we may imagine that when a fly was seen taking toboggan exercise on a bare and glistening caput, he might have been regarded as on a mission of charity combined with an excursion of pleasure.

Even the living man and the human cadaver were made to contribute to the supposed healing of various maladies, and under the articles entitled Homo and Mumia, we find some of the most extraordinary statements in this volume, and some of which are actually cannibalistic. It is affirmed that, exhibited internally, the Arabian mummy is much better than the Egyptian, and that if it could always be procured "right and genuine" it would be preferable to any other sort.

In this, or in another work published about the same time, we read, under the head of minerals, that mercury or quicksilver was given in the "iliac passion" (by which is probably meant intussusception), to the extent of two or three pounds, but that if the obstruction was not in due time overcome, the patient was to be suspended by the heels, when by gravity, assisted by succussion, the quicksilver would return and escape by the mouth. We will all agree that this was rather crude treatment, and here we may add, also, that there were lost many excellent opportunities for a clever laparotomist to have distinguished himself.

At this day, the perusal of these volumes, impregnated as they are with dense ignorance and with vile and pernicious doctrines, serves not only for the amusement of the curious, but is a revelation by the contrast of then and now; and I have mentioned them mainly that you may realize more fully the wonderful progress since that comparatively recent time. On one hand, we see superstition, charlatanism, empiricism and traditional fallacies, working general imposition. On the other, by the beneficent light of scientific research, the refutation of these arrant sophistries and the establishment of a rational modern practice. But is the civilized world of to-day free from the trammels of mendacious charlatanism and criminal cupidity? A glance at the advertising columns of the daily press

and at the handbills on the walls and fences is reply sufficient.

Among the savage races, incantations and numerous mysterious rites are employed to expel the evil from the body of one afflicted with illness, but this is really no more absurd than the course pursued by some who regard themselves as civilized and intelligent, but who have recourse to the so-called "faith cure," "christian science" and what not; or to the administration of remedies (some of them as disgusting or more so than those of the pharmacopœia of a hundred and fifty years since), only in infinitesmal doses; as a so-called school of medicine sanctions and professes to practice to-day.

As human nature remains the same from generation to generation, the credulity of mankind renders possible as well as profitable the operation of these impostors.

But what has the scientific and conscientious physician to do with these? Certainly nothing in common, but the fact remains that in the eyes of the laity they are alike practitioners, disciples of Æsculapius, and representatives of the healing art. So these knaves find deception profitable while they bring discredit upon truth and science, they become fat and prosperous upon the misfortunes of their fellows with no thought except for the gratification of greed.

The purpose of institutions of learning in general is to better the condition of the human race. The better man is informed, the better he is able to scrutinize and to discern, to know right from wrong and good from evil, and to disseminate the knowledge he has gained,

The purpose of schools of medicine is to instruct and elevate those who would enter the profession to train the student and to inspire him with a genuine love of a search for the useful unknown, by which he may further relieve the manifold ills of his fellows and to fit him to practise according to the most rational and scientific doctrines, as well as to enable him individually to profit by his vocation.

We trust that you, lady students, are all actuated by laudable purpose, and that this may never fail you as pupils and as practitioners. Those of you who have some experience as students, know that there is much arduous work in acquiring the requisite information to become well qualified doctors of medicine, and those who have gone before you, as fully realize that their endeavors must not cease with the acquisition of their diplomas, but that the real struggle only then begins, for while the practitioner ministers to the sick and disabled, he or she must still be a student, must still seek to know more of how to prevent disease and how to relieve the sufferings of illness and injury. The facilities for acquiring the requisite knowledge and experience to render these benefits are now vastly superior to those enjoyed by students of former days and are not only increasing every year, but have tolerably recently been extended so as to include members of the female sex. But we are yet not far removed from the time when female doctors were unknown, and you must realize that you live in an age in which there is still among many, considerable prejudice against the woman doctor.

For this, several reasons are given, some of which are quite unjustifiable, others with more of an appearance of reason.

It has been said that the woman graduate is apt to degenerate into quackery, in the shape of some sort of "pathy," or as an advertising specialist. We cannot deny that this sometimes does occur, but do we not occasionally see the same among male graduates of reputable schools?

Unfortunately there are too often to be found, both men and women who are so lost to truth and honor as to be willind for pecuniary considerations to debase both themselves and their profession. It does seem that the female quack entered the field before the regular and legitimate female physician; but does not a review of the remote past show

about the same thing of the male? For ages, men have had the advantage of instruction from which women have been debarred, so we cannot say how well or how indifferently the latter would have availed themselves of equal opportunities; and, enough time has not yet elapsed since woman first regularly enticed the province of medicine to render comparison entirely just and valuable.

It is true that the peculiar requirements and circumstances of a woman's domestic life, may to a degree operate against her in the practice of *any* profession, and that she is not physically as able to endure the wear and hardships incident to the practice of medicine. But these are questions foreign to that of her intellectual capability, and to which she may find accommodation.

Relative to her natural ability, we have recently seen that individuals of this sex have in a number of instances distinguished themselves beyond their male competitors in institutions of learning both in this country and in England; and in the faculty of one of the colleges in a Western state, a lady not yet twenty-four years of age occupies the Greek chair.

Although the opportunity for competition between the two sexes does not exist in this school, the Faculty of the Woman's Medical College of Baltimore know that the examination papers of many of the graduates in the past ten years have been of such excellence that they cannot but compare most favorably with those of *any other* applicants for the degree of Doctor of Medicine, be they males or females.

This is no undue compliment to the women who have constituted our classes and who have gone their way with the diploma of this school. Moreover, we shall be happy should this deserved commendation stimulate and energize those who come to us now, and those who may come in the future to attain even greater excellence as graduates, and subsequent distinction as members of the medical profession.

In regard to the status of this school among those of the country, it does not arrogate to itself superiority to the best and its life does not extend through so great a number of years as does that of many others, but its faculty is proud of the fact that from the beginning, its aim has been high, and that it was the first medical school in this city to materially increase the requirements for graduation by extending the period of instruction to three years instead of two; and, for several years this was the only school in the state which required an educational qualification for the *admission* of students. The faculty are happy to know that the example set by the Woman's Medical College has been followed by other and older schools in this city. The work of this school and of the Hospital of the Good Samaritan which is closely related to it has in the past eight or nine years been productive of substantial benefit to many; to students as has already been stated, and to patients suffering from a great variety of ills.

In the hospital hundreds have been successfully treated for medical and surgical trouble, and in the dispensary or outdoor department, many thousands have availed themselves of assistance freely given. Through these sources also, our students have reaped a rich harvest of knowledge and practical experience which will serve them well in their future career. Every individual may be said to exert some influence upon those by whom he is surrounded, so also, an institution composed of a faculty of earnest workers, and a class of serious and diligent students must influence the community in which it is located, and extend the impression made in proportion to the zeal of its endeavor.

It can be seen then that although the Woman's Medical College is still young in years it has already accomplished much and its friends trust that it will continue to exert a power for good throughout a long future of increasing prosperity.

Nearly all unendowed institutions

have at some period in their existence seen days of overcast skies, as well as prosperous times; and this college is no exception, for it too has experienced vicissitudes. but has more than once emerged from perplexities as a brave ship rides out of a stormy sea.

The most prosperous Woman's College in this country, and consequently in the world, was in its early days obliged to close its doors for seven years, for want of means and patronage. We have never been in such dire straits and such eminent danger to our very existence as was the case with this sister school, but we have many times felt the need of such sympathy as sometimes takes a substantial pecuniary form, by which we might add to our facilities for conducting our work and thus increase the usefulness of both College and Hospital.

The Faculty have to a very considerable extent expended money from their private means in the support of this college for women, and for years their time and labor have been devoted to its welfare As yet we have no imposing or very attractive buildings from an architectural point of view.

These of course we would be very glad to possess; those we have, however, are at least well appointed and comfortable to both students and patients; but more important than fine bulldings in the eyes of the faculty, is the character of the work done, and the proper qualification of those who are the recipients of the diploma of the school.

Frequently have the questions been asked, "What effect will the admission of female students to the school of the Hopkins Hospital (as has lately been agitated) have upon *this* school?" and "Will not the result be disastrous to the Woman's Medical College?" Our reply has been that it would have no such dire consequences.

We even hope that by making this city more of a medical centre we may be greatly benefited. The Hopkins School ought not to have any more deleterious effect upon the Woman's Medical College than upon the several *male* colleges; as its students have heretofore been and probably will *always* be to the greatest extent post-graduates.

The Woman's Medical College has, we regret to say, been overlooked by those who have been endeavoring to give women the benefit of the Hopkins, and we cannot but feel that if these same, or other friends of women, would lend some of their aid and interest to the institution, which already in their midst, has for years been in operation for the benefit of the sex, they would not find such attention misplaced.

The very few changes in the Faculty of the college, and the fact that nearly all who constituted it in its earlier years remain members of it still, demonstrate the harmony and unity of purpose and action with which its efforts have been directed. From time to time there have been such additions to our corps of professors and instructors, as the teaching of the several branches of the sciences required, and in securing these we have been fortunate in making happy selections.

At this day, as in the past, the desire and hope of the Faculty is to promote general interest in the cause of woman, and as this can, to the greatest degree, be affected through the medium of that sex, we trust that these who wish well to our efforts may second them by their own, and awaken an interest in many, who as yet have not realized what this college has labored to do for their sisters, and through them for humanity.

From present indications, there will be a large meeting of the State Faculty at Cambridge next week. While the papers are principally by Baltimore physicians, the discussions. as last year at Hagerstown, will be taken part in by all present. All who can should attend this meeting.

A CASE OF PLACENTA PRÆVIA MARGINALIS WITH FAVORABLE TERMINATION WITHOUT OBSTETRIC INTERFERENCE.*

BY H. L. E. JOHNSON, M.D.,
OF WASHINGTON D. C.

Gentlemen: — The case which I have the pleasure to report to you to-night is one of placenta prævia which terminated favorably and in which interference on the part of the attendant was indicated. I have had the good fortune to attend several hundred cases of obstetrics in hospital or private practice, and report this because I think it the most interesting one with which I have been connected.

Normally the placenta is attached at the fundus or sides of the inner walls of the uterus. It is prævia when it is attached to that portion of the uterine wall which is subject to distension or dilatation; that is, the lower zone of the uterine walls. There are as we know three varieties: first, placenta prævia centralis, where after dilatation of the os internum has become complete, the placenta only can be felt. Second, placenta prævia partialis, where with the dilated os there is recognizable a portion of the membranes as well as the segment of the placenta. Third, placenta prævia lateralis or marginalis, where the placental border stretches down to, but not beyond the margin of the inner cervical ring or internal os uteri.

It has been claimed and insisted upon especially by Professor Taylor (I. E.) that the placenta may grow from or be attached to the mucous membrane of the cervix, but this is erroneous and so settled beyond dispute. Kuhn with Carl Braun investigated the subject thoroughly, and found in no case, where the placenta occupied the cervical canal, was it there attached; further post-mortem research showed the well defined borderline of placental attachment to end at the internal os.

The placenta is usually unevenly developed on account of thinness of decidua at vicinity of internal os, hence the villi are less developed at this point while above they are usually hypertrophied and the placenta usually larger.

A peculiarity well worth consideration is the frequency of adherent placenta. Of 142 cases reported by L. Muller, 56 were adherent. The insertion of the cord is also subject to great variation, seldom central but often marginal, and sometimes velamentous. This is a factor in the frequency of prolapse of the cord.

Placenta prævia is fortunately not of frequent occurrence. Muller collected the statistics of 876,432 confinements, in which he found 813 cases of placenta prævia, not quite one in one thousand. In the Emergency Hospital, New York, 1500 or 1600 confinements, no case occurred. Lomer estimates the minimum frequency in Berlin to be 1 to every 723 births.

The exact cause is unknown. The proportion of multiparæ to primiparæ is six to one.

It is most frequent in women bearing children very frequently, and in conceptions taking place just after abortions or miscarriages and conditions which favor dilatations of uterine cavity with relax and flabby walls. Subinvolutinn of uterus.

Muller believed placenta prævia to be caused by an incomplete abortion during the earlier months where the ovum is arrested at the lower uterine segment, the villi attaching themselves to the uterine membrane develop and grow.

Abnormal presentation is very frequent in placenta prævia. Muller reports 1148 cases with 272 transverse, and 107 breech presentations.

The danger is not over when they are safely delivered. Post-partum hæmorrhage may occur from atony of uterine walls, or sudden relaxation. Puerperal fever frequently follows. Of 273 cases

*Read before the Clinico-Pathological Society of Washington D. C., June 18th, 1890.

of placenta prævia, reported by Muller, there were 79 cases of fever, with 54 deaths.

Placenta prævia is a fruitful source of pseudo-menstruation of pregnancy.

Muller's tables show that in central placenta prævia the first hæmorrhage most frequently occurs between the 28th or 36th week, in partial or incomplete about the 32nd week, while in marginal, hæmorrhage is often absent up to the time of labor.

The prognosis is very grave; about one mother in four dies during. or shortly after labor. Including puerperal causes Muller estimates the total mortality at not less than 36 or 40 per cent. Nearly two out of three of the children are born dead. More than half of these born living die during the first ten days.

In general terms it may be stated that the prognosis is more grave the earlier the hæmorrhage occurs in pregnancy, the more profuse the flow and the shorter the interval between the attacks.

During labor favorable conditions are the vertex presentation, good pains, rapid dilatation, and an unbroken constitution.

The maternal mortality is twice as great in placenta prævia centralis as in placenta prævia lateralis.

Case:—Mrs. O., white, æt. 26, health excellent and fairly well developed, pregnant with fourth child. Has always been well and strong, never had any trouble in previous confinements. First child born December 2nd, 1884; second born December 19th, 1885, at full term; third born December 24th, 1887; fourth child born February 23rd, 1889. Duration of time between first and second labrrs: one year and seventeen days. She did not menstruate between the first and second confinements, a very unusual occurrence.

Last menstruation occurred May 12, 1888 lasting four days. On February 16, 1889, the exact date determined upon for delivery, I was summoned to attend her in labor. She had been in more or less pain for ten hours, but they were not severe. She was dressed and about her room, though she said she had had some show that evening.

Examination showed abdomen very large. Os uteri dilated to about size of silver dollar. Upon passing index finger into cervical canal, discovered lower border of placenta firmly attached. Head high up and uterus greatly distended with liquor amnii; further examination showed placenta to be attached posteriorly and slightly laterally, and to be the marginal variety.

What was to be done? Should I dilate the cervix and deliver at once, or await developments?

She had had no hæmorrhage externally, and none apparently internally, pulse 74 and normal. I decided, after waiting in the house for several hours, the pains disappearing, that I would not interfere. I left, but made arrangments to be sent for at once should anything normal or abnormal occur. The next morning examination showed the os uteri to be almost closed. She had had no pains that morning. I made frequent visits to the house during the next week, and made arrangements to be communicated with at almost any hour. I was not called until Februaay 23, 9.30 P. M. I lost no time in responding, and had instruments, etc., in readiness for any emergency. Examination showed os uteri dilated to something larger than a silver dollar; cervix soft and dilatable; pains strong and regular, three every ten minutes. Head descended and resting on cervix and lower portion of placenta. Some slight, thin bloody discharge. Placenta separated for about one and a half inches.

In 30 minutes, pains becoming stronger, the os uteri being almost dilated, I ruptured the membranes, which were unusually tough, some liquor amnii was discharged, but not bloody. Head immediately engaged in os. The pains suddenly changed character; they were the most severe I had ever witnessed

only two minutes apart, and though the head was still in utero, they were the regular 'bearing down pains' 'occurring in the second stage of labor She was insisting upon sitting up in bed saying that that would help her through.

The pains were still increasing in strength and in 45 minutes, after rupturing the membranes, the child was delivered in excellent condition.

The delivery was rapid, and though the child weighed 8 pounds, there was no caput succedaneum. The funis was around the neck four times, it was practically a short cord.

Following delivery of child a large amount of liquor amnii escaped and also a few small clots and fluid blood.

Examination showed the placenta to have been separated for about two and a half inches at lowest edge and some bloody flow. Uterus firmly contracted about placenta.

After conderable difficulty the placenta was removed by Crédé's method, was extensively adherent but was delivered perfectly intact, no portion remaining. It was of very unusual shape, measured 4x8 inches, oval thin and not well developed, with central attachment of cord.

There was a well marked line of demarcation between the portion of placenta separated at first and that separated manually by expression. A peculiar feature in the case was the dilatation of the os uteri on the day when labor was expected and the final cessation of pains with closing of os and the commencement of labor one week later.

The character of the pains was also peculiar, even while the head was in utero.

I wish to call special attention to my treatment of this case. I did not attempt to empty the uterus as soon as I made a diagnosis of placenta praevia, though that is the general treatment for cases of this kind. I really gave no treatment but allowed nature to take its course, but was prepared to act if necessary. It shows the importance of not meddling with all cases in a routine way, and as no special treatment was indicated in this case save the rupture of the membranes I believe the case would have been injured by forceps delivery or version, or any other treatment than that adopted.

My remarks are to be understood as applying solely to this variety of placenta praevia and at the end of utero-gestation. Had hemorrhage occured earlier during pregnancy a different plan of treatment should have been adopted.

FOOD BEFORE SLEEP.

BY WILLIAM T. CATHELL, M. D.,
OF BALTIMORE.

Many persons, though not actually sick, keep below par in strength and general tone, and I am of the opinion that fasting during the long interval between supper and breakfast, and especially the complete emptiness of the stomach during sleep, adds greatly to the amount of emaciation, sleeplessness and general weakness we so often meet.

Physiology teaches that in the body there is a perpetual disintegration of tissue, sleeping or waking, it is therefore logical to believe that the supply of nourishment should be somewhat continuous, especially in those who are below par, if we would counteract their emaciation and lowered degree of vitality, and as bodily exercise is suspended during sleep, with wear and tear correspondingly diminished, while digestion, assimilation and nutritive activity continue as usual, the food furnished during this period adds more than is destroyed, and increased weight and improved general vigor is the result.

All beings except man are governed by natural instinct, and every being with a stomach, except man, eats before sleep, and even the human infant guided by the same instinct, sucks frequently

day and night, and if its stomach is empty for any prolonged period, it cries long and loud.

Digestion requires no interval of rest, and if the amount of food during the twenty-four hours, is in quantity and quality, not beyond the physiological limit, in makes no hurtful difference to the stomach, how few or how short are the intervals between eating; but it does make a vast difference in the weak and emaciated one's welfare, to have a modicum of food in the stomach during the time of sleep, that instead of being consumed by bodily action, it may during the interval, improve the lowered system, and I am fully satisfied that were the weakly, the emaciated and the sleepless, to rightly take a light lunch or meal of simple, nutritious food before going to bed for a prolonged period, nine in ten of them would be thereby lifted into a better standard of health.

In my specialty (nose and throat) I encounter cases, that in addition to local and constitutional treatment need an increase of nutritious food, and I find that by directing a bowl of bread and milk, or a mug of beer and a few biscuits, or a saucer of oatmeal and cream before going to bed for a few mouths, a surprising increase in weight, strength and general tone results; on the contrary, persons who are too stout or plethoric should follow an opposite course.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD OCT. 9TH, 1890.

The 714th regular meeting of the Society was called to order at the usual hour, with Dr. David Streett in the chair.

Drs. Arthur Wegefarth, Herbert Harlan and Wm. H. Schwatka were elected to membership.

Dr. Geo. H. Rohe' read a paper entitled

A CASE OF TUBERCULAR PERITONITIS, TREATED BY LAPAROTOMY.

He said, at first he thought hardly any disease would seem to offer less promise of success after operation than tubercular peritonitis. Knowing the persistent character of tubercular infection in other tissues and organs, we can scarcely credit the assertion that cases of undoubted tuberculosis of the peritoneum have been cured, or the progress of the disease arrested by simply opening the belly, evacuating any effused serum or other fluid that may be present, washing out the cavity with hot water or other antiseptic solution and drainage. Yet, unless we would discredit the diagnostic ability of a large number of competent observers entirely, we must accept the claim that peritoneal tuberculosis is curable by the procedure just mentioned.

The first recorded case of tubercular peritonits successfully treated by laparotomy and drainage is briefly related by Sir Spencer Wells, (Abdominal Tumors, p. 210). The patient operated upon in 1862, was living, in good health 23 years, after the operation. Since that time over a hundred cases have been treated in a similar manner by a number of operators, and cures lasting for a variable period obtained in a considerable proportion. About two thirds of the cases operated upon have been reported cured. It is probable that many unsuccessful cases have not been reported, and that some of those cured have not been tuberculous in their nature, but a sufficient number of well observed cases remain to justify the operation.

Dr. Jno. W. Chambers said that the case was full of interest. It seems, by the statistics, that peritoneal tuberculosis is a surgical disease, and that surgical treatment is the proper treatment. Any one making that diagnosis should call in

the surgeon. It is hardly probable that a mistake should be made in diagnosis *after* the abdomen had been opened. So it is reasonable to suppose that the diagnosis is assured in all the cases reported as being operated upon.

It seems clear that the proper treatment is to open the abdomen and drain. Just how it cures it is difficult to say. He is sure the child lived longer than if it had not been operated upon. He knew of a little colored girl, who was sickly but never ill enough to take to bed. She had enlarged glands, and a temperature of about 100° F. She was playing about the yard and she tripped over something. She was brought in the house in a fainting condition and in a short time she died. The post-mortem showed that in her fall the spleen had been ruptured and it was studded with tubercles. Now if she had been operated on before having fallen, it is probable that the tension would have been relieved and she would not have died from so slight a fall.

Dr. Geo. H. Rohé said if a mistake in diagnosis should be made and after the abdomen is opened a chronic peritonitis should be found instead of peritoneal tuberculosis, the treatment would be the same. In fact the first case of Sir Spencer Wells was a case of mistaken diagnosis. He operated for ovarian cystoma and found peritoneal tuberculosis. The patient was living in good health twenty-three years after.

Dr. A. T. Shertzer read a paper on

MANAGEMENT IN LABOR.

(*To appear later.*)

Dr. W. S. Blaisdell read

A REPORT OF A CASE OE CRANIOTOMY.

(*To appear later.*)

Dr. Geo. H. Rohé said the title of Dr. Blaisdell's paper rather marked the interest in the case. It was an unfortunate case of puerperal convulsions.

There are two kinds of such cases, one kind which recovers and the other which dies. When he heard Dr. B. say he administered jaborandi he made up his mind she was to die. He had used jaborandi once and thought from that experience that it was the best thing to use, but recent experience taught him that it was the worst of all drugs in puerperal convulsions. He asked if the bowels were moved after the croton oil was administered? Dr. Blaisdell said no.

Dr. Rohé said that that had been his experience, that when the urine was suppressed, no cathartics act, and those are the cases which go on to a fatal termination, One gentleman, who had attended sixteen cases of puerperal convulsions, says that in no case where the urine was suppressed did the patient recover. He wished to utter a note of warning against the use of jaborandi, as in his opinion it is a bad drug.

Dr. A. V. Gosweiler read a paper entitled

SUPPESSION OF PHTHISIS.

J. Wm. Funck, M. D.,
Reporting and Recording Secretary.
1710 W. Fayette Street.

INJECTIONS FOR THE RELIEF OF LABOR-PAINS.

In the *Revue Genéral de Clinique et de Thérapeütique,* September 3, 1890, the following prescription is given for this purpose, it having given satisfaction in the hands of Bousquet, of Marseilles:

℞.—Antipyrin . . . 75 grains.
Hydrochlorate of cocaine 1½ "
Distilled water . . 5 drachms

This is to be injected into the vagina in the earlier stages of labor.—*Medical News.*

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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BALTIMORE, NOVEMBER 8, 1890.

Editorial.

PIRATICAL PUBLISHERS.

Fear of punishment is the only thing that keeps children from doing wrong. Many adults have the same high motive for abstaining from evil. They argue that to break one of the ten commandments is no harm, but the crime consists in being found out and punished.

Unfortunately the crime that too many American publishers commit, of stealing foreign works without permission, and against all reasonable protest, is altogether too frequent. Certain conscientious men have striven for an international copyright law, but the members of Congress find it pays them better to oppose such a law. As a consequence, books, magazines, reviews, etc., etc., are reprinted in this country, and costly encyclopædias are put on the market by unprincipled American book firms at ridiculously low rates, and all this is so, because the cost to the American publishers is simply the book work, the brain work being stolen. It is only just to say that some book firms, with a conscience only semi-dormant, do offer small sums to foreign authors for works appropriated without permission, and a small number actually deal with foreign authors and publishers as fairly as if an international copyright law did exist.

Many of the best medical books are taken from the othe side, and it is undoubtedly true that they are taken without permission. Even if English publishers treat our books in the same way, and England seizes every reprinted work found on a traveller and burns it in what is called the "Queen's Fireplace," this does not remedy matters.

The protests from Englishmen, in the *British Medical Journal* continue to be uttered against a firm of book publishers of this country, who are said to deal largely in reprinted books, and it is pleasing to see that one physician of this city has taken the trouble to express his views on this subject, and all the more pleasing when one considers that the average nineteenth century man or physician, is generally only interested in what will put more money in his pocket. The suggestions in this letter are logical, to say the least. It would be just as fair for the reader to steal from the American publisher, as for the American pub-

lisher to take from the foreign publisher and author.

The subject is one which should be kept before the book-loving public. The New York *Critic* is one of the few papers that gives it the prominence it deserves.

STREET NOISES.

A writer recently called attention to the unnecesseary street noises of our large cities. It is remarkable how many noises (like many other unnecessaries and inconveniences), are endured by long-suffering people in American cities, when like nuisances in England or on the the continent, would not be tolerated. Let any state of affairs be unharmonious to an Englishman, and he immediately rushes into print in the *Times*, and complains loudly. With the idea of giving every one perfect fredom, in America complaints are less apt to be made.

That many actions usually noisy may be carried on quietly was proven when the special train took the wounded President Garfield from Washington to Elberon. There was not a whistle blown, bell rung, or unnecesssry noise made, and yet how much noise, and unnecessary noise, the same trains make in city limits. Then the various bells, milkman signals, whip cracking etc., all tend to disturb rest and help to give the average American his tired and nervous look. Of course many nuisances are tolerated here because we have so much room, and do not elbow each other as in the old country, and also because we do not obey aws without asking the reason, and occasionally disobey them for the sake of a test case. Such a proceeding would fill with consternation inhabitants of some countries, where implicit and unquestioning obedience is asked and given.

Still, if more attention were paid to these avoidable nuisances, which must, without our knowledge affect us; if they could be abated it would certainly tend to quiet the sleeping and the waking hours of many a poor invalid and nervous patient, not to speak of the worn-out medical man, who too often is obliged to snatch a few hours of hurried rest after a day and night of toil.

Correspondence.

NEW YORK LETTER.

(From our Regular Correspondent.)

NEW YORK Nov. 5th, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—The question of the efficacy of Pasteur's socalled preventive inoculations against hydrophobia continue to occupy the attention of the press, both lay and medical, and the fierce arguments of the opposition, side by side with the wonderful ardor and enthusiasm of its advocates, remind one of the exciting times following upon Jenner's great discovery of vaccination. Men, ordinarily temperate in speech and action, go to such lengths in discussing this burning question, that an outsider might be excused for suspecting that these very men are in urgent need of Pasteurs's attention, and that much learning had made them mad. Quite recently, the New York Academy of Medicine devoted a whole evening to this subject. A number of well known men, who have given the matter careful study, participated; but the close of the evening found many

points still hotly contested. All the speakers admitted that many errors in diagnosis had been made, and that owing to carelessness in the methods of recording the histories and results of cases treated in the various Pasteur Institutes, and the frequent sensational reports in the daily press, much adverse criticism had been excited. Dr. L. C. Gray believed that there was a disease running a fatal course in the dog and other lower animals, capable of being communicated to the human being with fatal result. It was not unreasonable to suppose that the bite of an excited animal might prove dangerous ; for, it was an elementary fact in physiology, that a mother's milk may, under such circumstances, act as a poison to her nursing child. The great variation in the periods of incubation laid down by different observers also served to confirm this view. The effect of excitement, even upon the organization of a strong and brave man, was well shown in the case of a young man who had just received a medal for saving life in the surf some months ago. This was not the first time he had done this ; and yet since his last experience, he had been utterly unable to do a day's work. Dr. C. L. Dana thought that Pasteur's experimental proofs were convincing, and that by means of the inoculation experiments, a positive diagnosis of hydrophobia could now be made. Much had been said about "pseudo-hydrophobia," but there were no authentic cases recorded in which the fear of hydrophobia had produced the disease. Dr. H. M. Biggs agreed with most that had been said, and thought the experimental evidence of protection given by Pasteur's treatment, was very strong. As an example of the immunity afforded by it, he related the following: In 1889, eight persons were bitten by the same dog, six of whom submitted to the anti-rabic treatment, and two declined. These two were the only ones who died from the effects of the bites. Dr. Biggs had experimented as to the effect of the subdural injection *per se*, and had found that the animals recovered without any of the symptoms observed when rabic virus was used. Notwithstanding the repeated statements made concerning the mistaken notion which gave rise to the name, hydrophobia, it is hard to do away with the popular belief that patients suffering from this dreadful malady, show great fear at the sight of water. Dr H. C. Ernst of Boston said that the spasmodic contraction of the fauces whioh had given rise to this notion, was excited not only by water, but by any glittering objeet. He had carefully interrogated one patient on this point, and between his paroxysms, the man had declared that he was as sane as his attendants, but was unable to avoid the sudden outbreaks. He particularly stated that there was no dread of water, but simply a spasmodic contraction of the muscles about the throat, which was excited by anything connected with the idea of swallowing. Dr. Ernst spoke with even greater enthusiasm than those who had precdded him about the absolute certainty of the inoculations of animals with rabic virus, and said that there was at least one thing in medicine which could be predicted with mathematical accuracy. But alas for such hopes. Dr. J. M. Byron followed with a few remarks on the results of his experiments on this subject at the Loomis Laboratory during a period of over three years.

These showed that in rabbits inoculated with Pasteur's emulsion of rabic viris, a little over five per cent. remained in perfect health. More than this, the *subcutaneous* inoculations produced scarcely any symptoms, and he thought, never gave rise to rabies; but the same virus when injected subdurally, usually produced rabies in seven or eight days. As a further confirmation of these remarkable experiments, these rabbits were made to wound other rabbits with their teeth, but the second series of rabbits showed no signs of rabies. Even the subdural inoculations occasionally failed to produce the disease, and he now had three rabbits

which had been so treated, and were perfectly well. There were such startling differences in the various methods of protective inoculation advocated by different observers, that one was inclined to be skeptical as to the results, irrespective of the experiments just detailed. So we see that medicine is not yet an exact science, after all, and the particular subject of hydrophobia and its preventive treatment, is chaos itself.

I spoke in my last letter of a new operating theatre for the Roosevelt Hospital; this time, I have to tell you that the old barn in Bellevue Hospital, which has so long been dignified with the title of "amphitheatre," has been completely remodelled, and is now worthy of that name, and of the hospital. The arena has a concrete floor, rounded at its junction with the walls and woodwork, so that there are no corners to give refuge to any germs which may be lying in wait for their victims. The sink and washstands are all of heavy plate glass, and simplicity and cleanliness seem to have been steadily kept before the mind of those who planned this new operating room,

PIRATICAL PUBLISHERS.

BALTIMORE, Nov. 1, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—Dr. William Murrell has written a savage letter to the *British Medical Journal*, complaining of the discourtesy with which he and other English authors have been treated by one of the largest medical publishing houses in this country—that of Wm. Wood & Co. It aappears that Dr. Murrell's book on Chronic Bronchitis was reprinted by the American publishers without the consent of either the author or his English or American publishers. The unfortunate absence of international copyright gives an opportunity for such acts of piracy, against which the foreign author has no redress except in indignant protest.

The American author suffers even more than his British confrère, because his work is brought into competition with the latter's, which does not cost the pirating publisher anything for royalty.

American literary men, as well as a large portion of the reading public, have repeatedly petitioned Congress for the enactment of a just copyright law. Up to this time piratical publishers and demagogues have succeeded in preventing any action by starting the cry of "cheap books for the people." But if it cheapens books to steal them from the author, it would cheapen them still more to the reader, if he stole them directly from the publisher. I am not aware that any publisher has advocated the latter course.

I would suggest to honest-minded readers to decline buying any reprinted book by a foreign author, unless the publisher states upon the title-page that the reprint is by consent of the author or his publisher.

Very respectfully yours,

GEORGE H. ROHÉ.

18 West Franklin Street.

Reviews, Books and Pamphlets.

The Science and Art of Obstetrics. By THEOPHILUS PARVIN, M. D., LL. D., Professor of Obstetrics and Diseases of Children in Jefferson Medical College, of Philadelphia, etc. Second Edition, Revised and Enlarged. Philadelphia: Lea, Bros. & Co., 1890. Pp. 701; price, cloth $4.25, leather $5.25.

In the second edition of Parvin's treatise on Obstetrics, the wisdom and tireless research of the learned author are evidenced upon nearly every page. While the book is almost too encyclopædic in

scope to suit the medical student of the day, crowded as he is for time, it is just the work needed by the practitioner who desires to have in convenient compass a summary of established facts as well as current theories in obstetrics.

A Dictionary of Practical Medicine by Various Writers. Edited by James Kingston Fowler, M. A., M. D., F. R. C. S., etc. Philadelphia: P. Blakiston, Son & Co. 1890. Pp. 942.

This is on the same plan as Quain's dictionary of medicine. All the articles are by men well known in medicine, and each article is complete in itself. The treatment is very fully laid down. All subjects properly belonging to surgery have been omitted. Although containing little new, the book may be very useful.

A Manual of the Practice of Medicine. By Frederick Taylor, M. D., F. R. C. S., Physician and Lecturer on Materia Medica at Guy's Hospital, etc. With Illustrations. Philadelphia: P. Blakiston, Son & Co, 1890. Pp. 877, price $4.00.

On looking through this work, there does not seem to be much excuse for its existence. The articles are short and the treatment given is very meagre. The few illustrations give the book a very dry appearance. It is probably highly thought of in England.

Saunders' Question Compends. Essentials of Medicine, Arranged in the Form of Questions and Answers, Prepared Especially for Students of Medicine. By Henry Morris, M. D., etc. With a very complete appendix on the Examination of Urine. By Lawrence Wolff, M. D. Philadelphia: W. B. Saunders, 1890.

This compend is much larger than others of the same series, and seems to be rather fuller, some of the answers taking up several pages. It is based on the well-known treatises on the practice of medicine, and may be quite useful to the advanced student working for his degree.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College, etc. Seventh Edition, thoroughly revised. With Fifty-one Illustrations. Philadelphia: Lea Brothers & Co., 1890. Pp. xiv–33 to 900. Price $4.50.

This good old friend of the student and practitioner is always welcome, for every page is replete with knowledge from the brain of a man with much experience and practical sense. Much old matter has been changed and new articles have been added. Dr. Joseph O'Dwyer contributes an instructive paper on Intubation, and the results on the bacterial origin of many diseases, and particularly the work of Booker and Vaughan have been woven into the text. New illustrations have been inserted and many new prescriptions have been added. In fact, the treatment is very full, a thing which makes the book indispensable to every physician.

The Intestinal Diseases of Infancy and Childhood. Physiology, Hygiene, Pathology and Therapeutics. By A. Jacobi, M. D., etc. Vols. I and II. Second Edition. Detroit: George S. Davis, 1890. (The Physician's Leisure Hour Library.)

The advantage of a large personal experience with children's diseases renders these two little volumes especialy valuable to its readers. The author goes largely into the artificial feeding and diet of infants; at the same time he has steered clear of recommending any particular brand of baby food, or of involv-

ing himself in a law-suit with the numerous manufacturers of these ensnaring products. The giving of weights in grammes is a great disadvantage, as few physicians know what a gramme is.

Essentials of the Diseases of Children. Being Saunder's Question-Compend No. 15. By WILLIAM M. POWELL, Physician to the Clinic for the Diseases of Children in the Hospital of the University of Pennsylvania. etc. Philadelphia: W. B. Saunders; pp. 222, price $1.00.

This is a very valuable little book, containing much information in the form of questions and answers. It is certainly up to the times.

The Johns Hopkins Hospital Reports, Volume II, No. 3–4. Report in Gynecology, I. By Howard A Kelly, M. D., Baltimore. The Johns Hopkins Press, 1890.

Considering the short time the Hopkins has been opened, this shows an unusually large amount of work. The rules of this department are antiseptics up to the time of operating, and then asepsis. The number of laparotomies performed within five months was fifty, of whom three died, showing a wonderful success, or else that many were operated on unnecessarily. The reports are written principally by Dr. Kelly, with cases by Drs. Hunter Robb, John Whitridge Williams and Albert A. Ghriskey. This report on gynecology represents an enormous amount of work, and shows great thoroughness and care in this department. The description and illustrations of the operating room show it to be as near perfect as modern methods allow. The press-work of these reports is very well done.

Diagnosis and Operative Treatment of Gunshot Wounds of the Stomach and Intestines. By N. SENN, M. D., Ph. D., of Milwaukee, Wis. Reprint 1890.

A Rare Form of Intestinal Strangulation by a Band. By ROBERT ABBE, M. D., Surgeon to St. Luke's Hospital, etc. Reprint. 1890.

Paranephric Cysts. By ROBERT ABBE, M. D., Reprint, 1890.

The Medical News Visiting List for 1891. Weekly (dated, for 30 patients); Monthly (undated for 120 patients per month); Perpetual (undated, 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60 Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber, erasable tablet, etc. Leather, $1.25. Philadelphia: Lea Brothers & Co., 1890.

The Medical News Visiting List for 1891 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages), contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies, and a table of doses, both prepared from Dr. H. A. Hare's new *Text-Book of Practical Therapeutics.* It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers, Ligation of Arteries, and a full descriptive list of valuable remedies not yet in general use. The classified blanks (176 pages), are arranged to hold records of all kinds of professional work, with memoranda and accounts. Four styles are now published: Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month, and good for any year); Perpetual (undated, for 30 patients weekly per year). This last style, a novelty for the coming year, consists of 256 pages of assorted record blanks, without text. The Medical News visit-

ing list adapts itself to any system of keeping professional accounts. Each style is bound in handsome red leather, with pocket, pencil, rubber, erasable tablet and catheter-scale, price $1.25. When desired, a ready reference thumb-letter index is furnished, which is peculiar to this visiting list, and will save many-fold its small cost (25 cents), in the economy of time effected during a year. In short, every need of the physician seems to have been anticipated in the Medical News Visiting List.

The *Queen* pays all expenses.—*The Queen's* last "Free Trip to Europe" having excited such universal interest, the publishers of that popular magazine offer another *and* $200 *for expenses* to the person sending them the largest list of English words constructed from letters contained in the three words "British North America." Additional prizes consisting of silver tea sets, china dinner sets, gold watches, French music boxes, portiere curtains, silk dresses, mantel clocks, and many other useful and valuable articles will also be awarded in order of merit. A special prize of a seal skin jacket to the lady, and a handsome Shetland pony to the girl or boy (delivered free in Canada or United States), sending the largest lists. Everyone sending a list of not less than twenty words will receive a present. Send six U. S. 2c. stamps for complete rules, illustrated catalogue of prizes, and sample number of *The Queen*. Address *The Canadian Queen*, Toronto, Canada.

Miscellany.

STONE IN THE BLADDER OF A MIXED CHARACTER.—SOLVENT POWER OF BUFFALO LITHIA WATER.

Dr. J. Buxton Williams, of Oxford, N. C., in a letter to the *New England Medical Monthly*, of October, 1890, says:

Noticing in the July number of the *New Eugland Medtcal Monthly*, a case of stone in the bladder, reported by Dr. Davis, of Meriden, Conn., I thought that perhaps the enclosed statement of a case under my care. might prove of interest to the thousands of readers of your most valuable Journal.

In August, 1890, Maj, T. B. Venable, of Oxford, N. C., had Nephritic or Kidney Colic, from which he suffered for four days and nights, although under the influence of strong anodynes.

From the severity and long continuance of his attack, I felt sure that a very large calculus was in the bladder. In ten days, urgent symptoms of stone in his bladder—constant desire to void urine, attended with much straining and blood, etc.—were present.

I prescribed Buffalo Lithia Water, no medicine. Soon small particles of stone and large quantities of sand made their appearance in the urine; stilll the stone was to large too make its exit throught the urethral canal. From the amount passed in fragments and in sand I was sure that there wasa very large stone—which had increased in size after entering the bladder.

The Lithia Water was continued, the stone rapidly dissolved and a calculus the size of a large pea was passed. The urine was still heavily loaded with fragments of stone and fine sand; another and larger part of the calculus was yet in the bladder.

The Buffalo Lithia Water was given in small and often repeated doses, the urine voided at longer intervals, the stone continuing to disinteregrate, melt away, until he was able by great effort to pass a stone twice as large as the first one. Since then all trouble has passed off, and the patient is himself again. Before this water was prescribed, the stone must have attained the size of a partridge egg.

The Buffalo Lithia Water has not only the power to prevent the formation of calculi in the kidney, but is also a sure and almost absolute solvent of stone after it enters the bladder.

Analysis shows these calculi to be of a mixed character. Nucleus, uric acid and main bulk of the calculi and outside, of the triple phosphate variety.

MASSAGE IN FRACTURES.

Dr. Crickx of Brussels, in a paper just published in *La Clinique*, expressed himself strongly in favor, in certain cases, of the treatment of fractures by massage instead of by plaster-of-Paris bandages. Although massage has been practised successfully in such fractures as those of the humerus and tibia, it is not for such that Dr. Crickx recommends it. In his opinion it is especially suitable for fractures of the fibula and radius. He commences by effleurage with centripetal movements, avoiding for the first few days the seat of fracture itself. An increase of pain sometimes occurs, but should not alarm the surgeon or induce him to desist from the treatment. After a short time the movements are increased in force. After about ten days petrissage of the muscles may be commenced. All this time the limb is kept without a splint, or simply laid in a hollow back splint of pasteboard. The massage is continued until the cure is complete. In addition to the cases mentioned above, massage may be usefully adopted in fractures of the patella, olecranon, and of processes such as the epi-trochlear and the styloid. Dr. Lebrun, writing in the same paper, gives notes of several cases of fracture in which massage was employed by himself or by his house-surgeon with considerable success. In one of these, where a man had missed his footing in attempting to get on a train, and had sustained a fracture of the fibula together with a sprain and effusion of blood under the skin, the leg was first put up in a starch bandage, but was so painful that after a few hours this was taken off, and massage practised, which afforded immence relief.

ACTION OF OIL OF TURPENTINE IN IDIOPATHIC CROUP.

Lewentaner (*Rev. Mens. des Mal. de l'Enf.*, April, 1889);

Two cases of primary croup are narrated, in which oil of turpentine, given by the mouth and used externally by inhalation, produced the best results.

The first case was that of a boy two years of age, who was attacked in May with a hoarse cough, followed by symptoms of stenosis of the larynx. The child grew worse from day to day, the attacks of dyspnœa becoming very severe, the cough aphonic, the face livid, and the pulse almost imperceptible. At this juncture a teaspoonful of turpentine by mouth was ordered, and compresses of ice around the neck. The following day there was very marked improvement, and, after taking a coffeespoonful of turpentine, the child expectorated a quantity of false membrane. The turpentine was then continued from the following formula:

	Grammes.
℞.—Ess. terebinth.,	4.00;
Ol. amygdal. dulc.,	10. ;
Syr. simp.,	20. ;
Mucil. acac.,	40. ;
Ovi (yolk), No.	1. ;
Aq. canellæ,	50. .

Sig.—A coffeespoonful every two hours.

The second case was a boy, four years of age, who had already suffered with croup eight days when first seen by the author. In this case, too, the attacks of dyspnœa were very severe, the cough hoarse; there was frequent and complete aphonia, and intense disorder of the circulation. Turpentine was given to him in coffeespoonful doses, and the following mixture was constantly evaporated in the bed-chamber:

	Grammes.
℞.—Ess. terebinth.,	4 ;
Tinct. eucalypti,	4 ;
Acidi carbol.,	4 ;
Alcohol,	300 ;
Aq. destil.,	1000 .

After the first dose of turpentine, there were violent paroxysms of coughing, followed by abundant expectoration of false

membrane. Within three days the child was in a very satisfactory condition.—*Archive of Pediatrics.*

CHLOROFORM INHALATION IN PHTHISIS.

Dr. Pio Marfori (*Riforma Medica,* September 27th) claims to have obtained good results in some cases of phthisis by making the patients inhale chloroform for a few minutes six times a day. The cough is relieved, the character of the secretion modified, and the febrile temperature reduced. The symptoms return when the treatment is suspended. Dr. Marfori gives one illustrative case, that of a young man with advanced disease of one apex, and greatly reduced by two years illness, who was "perfectly cured" by choloroform inhalations in three months. During that period he has taken, or at any rate used, five kilogrammes of chloroform.—*Brit. Med. Jour.*

THE VIRTUES OF A LITTLE FAITH.

The *Medical Record,* in quoting from the *Medical Press* says:—The following incident occurred in a Midland infirmrry, and it is sketched on the spot from life. The visiting physician wrote on a patient's board that he was to take five drops of pure terebene thrice daily "on a little bread." This simple direction was misread by the nurse, who proceeded solemnly to anoint her patient's head three times *per diem* over a period of several weeks. Whether the mistake arose from the bad handwriting of the physician, or through the spluttering of the ward pen, which is usually a blunt and unreliable weapon, or from the defective eyesight of the nurse, does not much matter. The instructive and suggestive point to the incident is supplied by the fact that the patient expressed himself much benefited by this novel method of medication. The physician, therefore, on discovering the error, allowed him to recover under its soothing influence. The attention of disciples of the strange new mystery, hypnotism, may be called to this narrative with advantage.

ARISTOL IN BLEPHARITIS AND KERATITIS.

In the *Revue Générale et de Clinique et de Thérapeutique,* September 18, 1890, the following directions are given for the use of this new remedy in the affections named above. The advantages claimed for aristol are its lack of odor and its efficaciousness. Employed in the following ointment, it has been found useful both in papular and ulcerative keratitis and in ulcerative blepharitis:

℞.—Aristol . . . 15 grains.
Vaseline } of each . 75 " —M.
Lanolin }

Apply a small portion of this daily to the surface which is affected. This ointment is uot intended to displace the use of boric acid solutions, but may be employed in lieu of yellow precipitate.—*Med. News.*

POWDER FOR MIGRAINE,

The following powder is recommended in *La Médecine Moderne* for the treatment of migraine:

℞.—Citrate of caffeine, 1½ grain.
Phenacetin, 2 grains.
Sugar of milk, 4 "
—M.

To be made into one powder. This dose may be repeated, if necessary, in the course of two hours.—*Medical News.*

NUMBERS WANTED: The following numbers of this JOURNAL are very much needed to complete the volumes.

Vol. xii, Nos. 23–24–25 and 26. Any one who is willing to part with these numbers, or any one of them, would greatly oblige by forwarding them to the publishers, who will return stamps for the postage, and send new numbers for those received.

Medical Items.

The Garfield Hospital, Washington, D. C., has received a bequest of $10,000.

Professor Nussbaum, the celebrated surgeon and oculist, died at Munich last week.

It is said that 15,000 bottles of champagne were disposed of by the members attending the International Congress.

Dr. Dillon Brown has been appointed Instructor in Intubation of the Larynx at the New York Polyclinic.

Both Harvard and Columbia allow candidates for the A. B. degree so to regulate the senior year that the work for the professional degree is shortened.

The American Academy of Medicine will hold its Annual Meeting at Philadelphia, Wednesday and Thursday, December 3rd and 4th, 1890.

Dr. J. B. Mattison, of Brooklyn, delivered, by invitation of the Directors, an address on the Renal Status of Opium Habitués, before the Philadelphia County Medical Society, on October 22.

The Chicago *Tribune* tells of a Missourian who died from having gorged himself with veal and hard cider. He was a member of several societies, all of which passed resolutions imputing his removal to Divine Providence.

Norway Spruce twigs, placed in water, in a few days feather out with tender, pale-green branches, soft and cool to the touch, and will fill a room with a delightful, health-giving odor.—

A number of New York medical practitioners are said to have organized a Physicians' Musical Club. The Philadelphia *Ledger* commenting on this fact says that "each member should compose some fresh air for the sick-room."

The American Humane Society offers two prizes, each of $250, for the best essays on the question whether vivisection should be permitted in the interests of humanity, and, if so, with what restrictions. Essays should be sent to George T. Angell, No. 19 Milk street, Boston, before January.

Among the features which medical men will find of special interest in the November number of *Harper's Magazine* is a poem, "The Quaker Lady," written by Dr. S. Weir Mitchell, and adorned with seventeen quaint illustrations from drawings by Howard Pyle.

At Korostyshev, South Russia, a local chemist, named Revitch, recently refused to make up a young medical man's prescription on the ground that it was "concocted in a stupid manner." The doctor appealed to a justice of peace, with the result that the chemist was sentenced to seven days' imprisonment.

Dr. Roberts Bartholow, for some time Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, has been forced by want of health to resign his professorship, much to the regret of the faculty and students. For some time past Dr. Bartholow has been tormented by hallucinations, and fancied that he was watched or persecuted or that his domestic relations were not in order. In spite of all this, both he and his students claim that he has never delivered a better course of lectures than he did last year. The Faculty fear a total break-down from overwork, and wish him to give up his place. The *Medical News* names the most prominent candidates for his position, but very modestly omits the one most likely to get it, namely, Dr. Hobart A. Hare.

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VOL. XXIV. No. 3. BALTIMORE, NOVEMBER 15, 1890. NO. 503

CONTENTS

ORIGINAL ARTICLES.

Importance of an Early Recognition of Granular Degeneration of the Kidneys. By A. C. Pole, M. D., of Baltimore. 45

Management in Labor. By A. T. Shertzer, M. D., of Baltimore. 48

Report of a Case of Craniotomy. By W. S. Blaisdell, M. D., of Baltimore. 50

EDITORIAL.

Nerve Ligature for Spasmodic Torticollis. . 53

Condition of the Human Body after Prolonged Immersion in Water. 54

REVIEWS, BOOKS AND PAMPHLETS. . . . 55

MISCELLANY.

Copeland's Injection forCystitis,—Aristol in Skin Diseases.—A Nurse's Day in a Hospital.—Myxœdema and Endemic Cretinism.—A Sunday with a Country Doctor.—Plugging the Uterine Cavity after Labor.—The Treatment of a Red Nose.—Treatment of Tonsillitis.—Starvation and Liability to Infectious Disease.—Post Mortem Praise.—A Savage Custom in Dress.—Cocaine in Vaginismus.—Therapeutics of Gastric Dyspepsia.—Thiol in Skin Diseases.—Menthol in Diphtheria,—Dr. Koch's Investigations upon the Treatment of Tuberculosis.—Treatment of Erysipelas.—Sulphonal in Diabetes. Tapeworm as a Cause of Dysmenorrhœa.—Destruction of the Tubercular Virus. . . 57

MEDICAL ITEMS. 66

Original Articles.

IMPORTANCE OF AN EARLY RECOGNITION OF GRANULAR DEGENERATION OF THE KIDNEYS.*

BY A. C. POLE, M. D.,
OF BALTIMORE.

Professor of Anatomy and Operative Surgery in the Baltimore Medical College.

Under the term of Bright's disease, have been included diseases whose histological conditions differ widely from each other.

Albuminuria is frequently used synonomously with Bright's disease. Dropsy and albuminuria even when dependent upon renal disease, do not indicate the special form of kidney trouble.

Albuminuria, as a symptom, may be consequent upon various diseases, such as scarlatina, diphtheria, small pox, erysipelas, epilepsy, and organic diseases of the heart, and may also be due to the direct action of certain poisons and renal irritants, as lead, arsenic, turpentine, cantharides, etc.

The special renal diseases which give rise to albuminuria and dropsy, and to which the name of Bright's disease has been applied, are, acute and chronic parenchymatous nephritis, lardaceous or amyloid degeneration, and granular degeneration, or renal cirrhosis.

It is to the last named condition I wish to ask the attention of the Society, for the purpose of eliciting an expression of opinion from the members in reference to the importance of the early symptoms in recognizing this form of kidney trouble.

We are all aware of the insidious approach of this disease.

Neither the patient nor the physician

*Read before the Medical and Surgical Society of Baltimore.

is, in many cases, aware of the malady until all hope of cure is lost.

If we hope to benefit our patients at all, we must recognize the disorder in its incipiency.

This form has always been regarded as the most fatal of all the forms of Bright's disease, but if an early diagnosis were made, might we not stay its progress and give a new lease of life to our patients?

One of the first symptoms, and a very important one is the increased quantity of urine voided.

This symptom is usually noticed by the patient, in consequence of the frequent calls during the night, but the importance of the symptom is not duly appreciated. He usually attributes its cause to some slight ailment, possibly a cold.

After a while a train of symptoms such as nausea, vomiting, headache, and general depression manifest themselves and possibly cause him anxiety enough to consult a physician.

If at this stage of the disorder attention is directed to the urine, albumen is usually found, though it may frequently disappear, consequently frequent examinations are necessary.

The urine is of a low specific gravity and usually of a pale color.

Possibly dimness of vision, which is a frequent symptom, may be the first cause of alarm, but generally the disease has advanced to a great degree before this symptom is noticed.

Bartel says "that no small number of his patients first went on account of their eyes to his colleague Vœlckers, and were first induced by him to place themselves under medical treatment which they were not aware they needed," and also says that the affection of the retina is very often established long before death and while the patient otherwise feels perfectly well.

Wakefulness is one of the early symptoms. Even if the patient sleeps he is troubled with dreams which prevent him from obtaining the needed rest. A symptom of great diagnostic importance is headache of an intense character and of long duration, usually manifesting itself in the form of hemicrania.

Bartel says "that in any case of migraine occuring after middle life in an apparently robust individual, it is well to consider the possibility of the nerve affection being dependent upon contracting kidneys.

In a paper entitled "Practical Remarks on the Diagnosis of the Early Stage of Bright's Disease" by Dr. Arnold, he gives the following hypothetical case.—A robust healthy looking man complains of severe headache resembling hemicrania which comes on at irregular periods.

Vision is slightly impaired. Occasionally the violent paroxysms of neuralgic like pain about the head and face terminate in vomiting. Dyspeptic symptoms without any assignable cause are present during the intervals. In some of these cases the symptoms mentioned are of such a mild character, that the patient is apt to pay but little attention to them. At times a diarrhœa supervenes which does not yield to the ordinary remedies. Sooner or later the patient becomes aware of his failing health which he attributes to the gastric or intestinal disturbance.

These symptoms are some of the usual ones noticeable in granular degeneration but are not peculiar to it, and we would like to find if possible some symptoms pathognomonic of this affection.

Dr. Sibson in his Harveian Lectures delivered in 1875, says: "I need not point out to you, for it is self-evident the great, the vital importance of being able to recognize arterial tension and the absence of it; for, by ascertaining it, we often can at once fathom the nature of such a case."

This is usually less important in cases of acute Bright's disease and of fatty kidney; for the general dropsy, the aspect, the pallor, stamp a case at once. But it is far otherwise with cases of granular kidneys for they often remain in the

apparent possession of full health even when the disease has made a deadly advance.

As an effect of arterial tension we have hypertrophy of the left ventricle of the heart, and it constantly coexists with a granular condition of the kidneys and if we cannot find a cause for this cardiac trouble in any valvular lesion of the heart it should direct our attention to granular kidney as a cause.

Our attention is called to this condition by the uneasiness in the precordial region, and by dyspnœa sometimes approaching asthma.

Bartel says: "I have never failed to observe the objective signs of hypertrophy of the left ventricle of the heart in any of my cases of genuine contracting kidney, or to confirm the fact in every post-mortem made upon their bodies, and therefore can never hold that a diagnosis of this renal disease is made certain when no enlargement of the left ventricle is recognizable."

Prof. John Lynch, in a paper entitled "The Relation of Certain Abnormal Heart Sounds to Uræmia and Bright's Disease," calls attention to a muffled first and strongly accentuated second sound of the heart. He tells us that he was applied to by a patient who was suffering from dyspnœa with other symptoms. Upon examination he discovered what he believed to be a mitral regurgitant murmur and that his students might listen to it he made an appointment with his patient, who came at the appointed time but much to his surprise and greatly to his chagrin the murmur had entirely disappeared.

The muffled first sound and strongly accentuated flap of the semilunars alone remained. Further investigation revealed that the man had Bright's disease of the kidneys; but that except the hypertrophy of the left ventricle so constantly met with in connection with this disease, the heart was otherwise intact.

Bartel says, "with the stethoscope one finds that the heart sounds are very loud, and there is an especially flapping character attached to the accentuated diastolic sound at the origin of the aorta, heard loudest to the right of the sternum just above the point of insertion of the third costal cartilage." The pulse is also diagnostic.

It is tense and bounding and often rises considerably above its normal level.

Traube says "that one can recognize the disease by the pulse alone." Dr. Sibson calls attention to "doubling of the first sound of the heart and says it is audible in all forms of Bright's disease, whether acute or chronic, with fatty or granular kidney, and it may be and often is absent in all forms of the disease.

It is more frequently present than absent, but it is more often difficult than easy to discover and it for this reason fails to decipher for us easily and at first sight many cases that it would be easy to read if this sign were readily available."

In granular kidneys there may be and generally is, an entire absence of dropsy, except possibly in the last stage of the disease when the heart's power is failing.

Generally, during the whole of the disease, there is passed an excessive amount of urine, and indeed this is one of the differential points of diagnosis from the other forms of Bright's disease.

As I have before stated, albuminuria does not always coexist with granular degeneration, nor does it necessarily indicate a degeneration of the kidneys when it does exist.

According to Bartel, "perfectly healthy kidneys solely in consequence of an altered state of blood-pressure upon their vessels can excrete albuminous urine."

"Careful examination, he says, has taught others as well as myself, that it is no rare event for kidneys to secrete albuminous urine during life, which, yet after death present no trace of histological alterations, either in their glandular cells or in their interstitial tissues, while on the other hand, kidneys which are extensively diseased, whose gland cells and interstitial frame works exhibit pathological degeneration of extremest kind,

may furnish a urine totally free from albumen."

When we have a greatly increased flow of urine, of low specific gravity containing albumen, associated with a slight amount of dropsy or possibly none, intense headache of a migraine character, and evidences of arterial tension with hypertrophy of the left ventricle of the heart, we have good reasons for concluding the case to be one of granular degeneration.

S. W. Corner of Madison Ave. and Bloom Street.

MANAGEMENT IN LABOR.*

BY A. T. SHERTZER, M. D.,
OF BALTIMORE.

Mr. President and Gentlemen:—It has been said there is nothing new under the sun, and allow me to assure you there is nothing new in this paper.

Volumes have been written and the subject so thoroughly discussed that nothing remains for me to do, but to add my mite of experience in this vast field of labor, rich in harvest, but poor in reapers.

I say rich in harvest, for untold millions are yet to be born.

Poor in reapers, for few of the present generation of the medical profession, know how to properly attend a lying-in woman.

Who in this hall, of any experience, has not witnessed, to his holy horror, in the course of his practice, a professional brother sever the umbilical cord so soon as the innocent babe has escaped from its mother's womb into this sinful world, forgetting the cardinal fact, that that unoffending infant from the time of its conception to those precious moments, had depended upon that cord for its being, and now before its own circulation or respiration is properly established, that fatal knife has done its work, and one more soul of a degenerating generation is handed to the nurse, and the disciple of Æsculapius is self-confident of the fact that he has done something wonderful.

Or again why should such a beautiful process as a natural labor be interfered with, and a favorable case be possibly converted into one of probable danger both to mother and child, by the use of ergot, chloroform, instruments, etc., or why, as we have seen, so soon as the infant has escaped from its mother's womb and the cord severed, should the placenta be dragged away, even by force as is too often the case? The fact is forgotten, that by this bold and unwarranted procedure we endanger the life of that mother. They fail to allow the womb time to recover its natural tonicity from the paralyzing effects of labor.

What is frequently the results? Uterine hæmorrhage, which is alarming to the physician, and may be fatal to the mother. In partial or complete placenta presentation during labor, it is advised to remove it, turn and deliver. This advice, unless proper instructions are given, and which is not in a number of our text books, I think is fraught with the greatest of danger. It must be remembered that two lives are at stake, and certainly no rash undertaking should be had recourse to, in such dangerous cases. Remove the placenta, the temporary lungs of the child, and you almost to a certainty insure the death of that child; deliver as you may, by forceps or by turning, and be as expeditious as possible, the death of the child is almost inevitable.

When the placenta is removed in tedious cases, the membrane should be removed and exposed to the air; if the cord is not compressed, circulation in this manner will continue for hours.

Since writing the above, I assisted a gentleman of experience in an instrumental case of labor, and though I insisted upon gentleness, and upon his

*Read at the 714th Regular Meeting of the Medical and Surgical Society of Baltimore, October 9th, 1890.

elevating the forceps, which was not done, she was torn from stem to stern. He immediately started to cut the cord, when I called his attention to the fact that the cord was pulsating too much to cut it, he looked at me in rather a surprised manner, and asked the question: if I did not cut it while pulsation was going on.

After I explained my ideas, he said, "I suppose you are right, I never thought of that."

He then took both hands, placing them over the womb and forced out the after-birth not more than three minutes after the child was born.

I make it a rule to wait until after-pains set in, even if it takes twenty minutes. As the brute creation have no assistance in giving young, and are always successful in their confinements, I see no reason why we should be in such a hurry delivering a woman, cutting the cord and taking away the after-birth.

Distortions of the pelvis are amongst the most serious dangers which await the parturient female and her unborn offspring.

The severer forms of deformity are comparatively rare, but slight deviations come under our observation very frequently.

As we gradually perfect ourselves in the diagnosis of pelvic deviations, we resort to operative procedure at an early stage of labor, thus relieving the unnecessary risks and pain of the parturient female. It is only by experience that we get an exact knowledge of what deviations may present themselves, how they may be recognized and what influence they are likely to exert upon the progress of labor.

A few months since, I was summoned from this Society to attend Mrs. Scott, Eastern Avenue, aged 42, in her first oonfinement; she is known as a dwarf, and whose pelvis may be classed under the head of the severer forms of deformity, the results of rachitis. I at once saw that delivery was impossible, and sent for Dr. Erich, who performed craniotomy, and succeeded in safely delivering her, though I desire to state that neither physicians nor the midwife in attendance received either thanks or pay for the services rendered, and as she is shortly to be confined, will be compelled to get a new supply of attendants.

There is another class to which I wish to call attention, being the second case of the kind I have seen, under the class of minor deformities of the pelvis.

Owing to congenital shortening of the abdominal cavity and a lax condition of the abdominal muscles, the fœtus is carried anterior to the pelvic cavity; turning in these cases is our only hope in deliverp. if that can be done. A few months ago, I was summoned to a case of this kind. I could neither turn nor deliver. I sent for Dr. Erich, who by craniotomy and piecemeal extraction of the fœtus safely delivered my patient, being her fourth time for the same trouble, attended by eight different physicians.

I desire to make a few remarks upon the prolapsus of the umbilical cord during labor, without going into the history of this unfortunate accident, merely stating that in these cases no attempt should be made to replace it, as we can not replace it in such a position that it will escape pressure; no method can be advised in such cases—the means adopted must depend upon the exigency of the case.

The alarming spread of small-pox in Madrid has aroused some of the Spanish papers to urge upon the Cortes the passing of a measure to make vaccination compulsory. Indeed in several of the Government offices orders have been issued for all the officials to be immediately vaccinated or revaccinated. Hospitals are being prepared outside Madrid to accommodate patients attacked with variola.

REPORT OF A CASE OF CRANIOTOMY.*

BY W. S. BLAISDELL, M. D.,
OF BALTIMORE.

Mr. President and Gentlemen:—The case of which I am about to speak being to me one of exceeding interest, I venture to bring it before you to-night, with a hope that the relation of it may not be devoid of interest to the Society.

M. J., æt. 17, colored, primipara, advanced to full term in pregnancy, was taken on the morning of July 14th, 1890, at 4 A. M., with convulsions. Had been complaining for two or three days of violent pains in her head and dimness of vision, for which she had not applied to a physician for treatment. At 7.30 on the morning of the 14th, Dr. E. C. Baldwin was hurriedly summoned to her bedside, and found her in an unconscious condition, rapidly passing from one convulsion into another. The convulsions followed one another at intervals of five or ten minutes, each attack lasting about three minutes, with no return to consciousness during the interval. The os was quite hard, and dilated sufficiently to admit the finger. Being physically unable to attend the case, the doctor prescribed a calomel purge and kindly came to my office to give the case into my hands. Having the misfortune to be out of the city that morning, I did not see the case until about 11.30. The alarm of the family meantime increasing, a neighboring practitioner was called in who prescribed for the girl, but having a similar case upon which he was already in attendance, told the family that he would be unable to render further service. Upon my arrival, I found the case in much the same condition as above described, with the exception of the os being soft, dilatable, and dilated, with the membranes ruptured. The extremities and eyelids were but slightly œdematous. No water could be found in the bladder on catheterism, nor, according to the statement of her mother, had she passed any since the preceding night. The pulse was 120, irregular and weak. On making a careful vaginal examination, I made out the presentation to be an occiput left anterior. Deciding to deliver at once, I sent for Dr. Julius Friedenwald, of the City Hospital, to assist me. The woman was anæsthetized and Elliot's forceps applied. But little difficulty was experienced until the head was brought to the axis of the pelvic canal, where, becoming firmly impacted, it was impossible to either advance it or push it up. After making traction on the head with all my strength, the forceps slipped off. Upon re-applying them, we met with the same result four separate times. Still hoping to deliver with the forceps, and thinking that there was a possibility of our instrument being at fault by allowing the blades to spring, a pair of new Hodge's forceps were twice applied, but answered no better than those already used. Version being out of the question owing to the impaction, and the additional danger to the mother in her already exhausted condition, craniotomy was thought of, and the woman again carefully examined to finally determine, if possible, the existence of life in the child. No movement being detected, the fœtal heart sound having been absent from the first, and the girl's mother volunteering the information that her daughter had commented several times the day before on the fact of her feeling no movement of the child, it was decided to operate without delay. An inch trephine perforator was used, and a button of bone removed, which gave egress to a large quantity of water. The brain was then taken out, and on again applying the forceps, the head was delivered without difficulty. Some trouble was experienced in delivering the shoulders and in securing the placenta by the Credé method. By persistent manipulation over the uterus, this was satisfactorily

*Read at the 714th Regular Meeting of the Medical and Surgical Society of Baltimore, Oct. 9th, 1890.

accomplished, and the womb firmly contracted. After delivering the child and placenta, a hot vaginal injection of 1–4000 bichloride of mercury was given, and the patient placed comfortably in bed. Two drops of croton oil rubbed up in sugar were placed upon the tongue, and half doses of jaborandi (fl. ext.), given hypodermatically every two hours, also hypodermics of brandy, when needed. Some time was lost in getting the instruments that were necessary for the operation, so that it was half past one o'clock before we had finished and placed the patient in her bed. The convulsions did not return from this time until half past five, P. M., when there were two slight ones, and at 8.45, two more. These were the last. Consciousness was not regained in the slightest degree from the time of seizure until death, which ensued thirty-one hours after the first convulsion, and twenty-four hours after delivery.

The temperature throughout her illness remained at about 102½,° accompanied by a weak and irregular pulse. The breathing in this, as in two other cases it has been my ill fortune to see, was stertorous, and impeded by an inordinate amount of mucus mixed with saliva, accumulating in the trachea and bronchi.

The weight of the child without the brain was eight pounds and two ounces. Allowing ftom twelve to fourteen ounces for the weight of the brain, which, as the gentlemen of the Society will recall, is said to be the mean weight, and at least one ounce more for the water around the brain, the whole weight of the child would be something over nine pounds, or one-fourth larger than the average child at birth.

The rule laid down by Tyler Smith and endorsed by Playfair, seems to me to be the most practical method of treating eclampsia, viz.: That if the fits seem to be induced and kept up by the pressure of the fœtus, and the head is within reach, the forceps should be resorted to, provided the operation does not prove a source of greater irritation than leaving the case to nature.

That the presence of the fœtus was the prime cause of the spasms in this case, seems evinced by their immediate cessation after delivery. The forceps having failed in accomplishing the desired end, and being morally certain of the death of the fœtus, the chief consideration was to deliver with as little shock to the mother as possible. In this particular case, I can think of nothing better than the operation of craniotomy.

285 North Exeter Street.

PSOROSPERMOSIS.

Dr. Boeck (*Monats. f. prakt. Derm.*, vol. xi, No. 3), describes a case of psorospermosis which he presented to the Society of Physicians, at Christiania, on September 11th. The patient, a man aged 47, had suffered from the disease for sixteen years. There was scattered more or less over the whole body an eruption of papules, varying in size from a millet to a hemp seed, which were covered with epidermic scales. The case was a typical example of Darier's *psorospermose folliculaire végétante*, as this disease was shown at the Dermatological Congress at Paris. Microscopical preparations were shown in which there were numerous encysted coccidia in the epidermis, especially in the stratum granulosum. Where the process was severe the epidermis became detached from the papillary body in such a manner that only single rows of cells covered the latter. The papillæ themselves were elongated and ramified. At a later meeting (November 20th, 1889), Dr. Boeck presented two more cases of the same disease, both sons of the patient previously shown, a proof in favor of the contagiousness of

the disease and of coccidia as its cause. The affection in these patients occupied the same sites as in the case described above. It was shown that the disease, when not too inveterate, was very amenable to treatment, and it was therefore necessary that it should be commenced early. In one case pyrogallic acid was successfully applied in the form of ointment. The other cases had not been treated.—*Brit. Med. Jour.*

THE ACTION OF HYPNAL.

This drug, which is variously known as monochloralantipyrin or monotrichloracetyl dimethylphenylpyrazalon, has been recently introduced by certain European physicians as a valuable hypnotic and analgesic.

In the *Bulletin Générale de Thérapeutique*, September 30th, 1890, Fränkel has presented an exhaustive study, not only of the chemical constitution of hypnal, but also of its physiological action and the best modes for its administration. The conclusion reached by Dr. Fränkel are that the drug is useful in the insomnia produced by excessive pain, and not only in the sleeplessness which results from cough arising from bronchitis, but also in that due to tubercular disease, and in neuralgic insomnia. It possesses all the properties of both chloral and antipyrin, or, in other words, both relieves pain and produces sleep. The very nature of the compound almost of necessity makes it a useful remedy, as is well known to most of the profession, chloral in ordinary doses has little effect upon pain, and antipyrin, while relieving pain, rarely produces sleep.

Hypnal being quite insoluble in cold water, the best way to administer it is in some mucilaginous mixture which will hold it in suspension, such as syrup of acacia; the following formula is given by Bardet for its administration:

℞.—Hypnal 30 grains.
Syrup of acacia 1 fluidounce.
—M.

Dose: A dessertspoonful.

Or a very excellent formula is as follows:

℞.—Hypnal 15 grains.
Chartreuse 1 drachm.
Water ½ ounce.
—M.

The entire amount to be taken in one dose, or to be divided into several doses when given to children.—*Med. News.*

A CURE FOR COLDS.

The *Memphis Medical Journal* says that salicylate of sodium in free doses gives as satisfactory results in the treatment of "bad colds" as it does in cutting short tonsillitis. Sodii salicylatis, ℥ss; syr. aurantii cort., ℥ss; aquæ menth. piper., ad. ℥iv. M. Sig. A dessertspoonful every three or four hours. A dose every three hours until a free specific influence of the salicylate—tinnitus aurium—is observed, will so far control the symptoms that the aching of the brow, eyes, nose, etc., will cease. The sneezing and "running from the nose" will also abate, and will disappear in a few days, not leaving, as is usual under other treatment, a cough, from the extension of the inflammation to the bronchial tubes.—*Northwestern Lancet.*

The Medical Press says:—Why or wherefore it is impossible to say, but in some unaccountable fashion the impression has come largely to prevail among the public, that tomatoes are a cause of cancer, and that for this reason this delightful vegetable must be eschewed. The only connection that we know of between cancer and tomatoes is that within past years there has been a large augmentation in the death-rate from cancer, and an enormous increase in the consumption of tomatoes.

The employment of women as drug clerks won't pan out. A customer recently asked one, "Have you large black nipples?" She fainted.

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BALTIMORE, NOVEMBER 15, 1890.

Editorial.

NERVE LIGATURE FOR SPASMODIC TORTICOLLIS.

Spasmodic torticollis is a disorder characterized by clonic contractions of certain muscles of the neck, especially of the sterno-cleido-mastoid, the trapezius, the rhomboid, and the levator anguli scapulæ. The contractions may involve one or several of these muscles on the same side, and may be very rapid, or slow and irregular. Occasionally muscles on both sides are affected. The spasms usually cease during sleep and during intense thought. They are increased by emotional excitement or bodily strain.

Many methods of treatment have been applied with varying success. Sometimes large and increasing doses of the bromides of potassium or zinc, or of the oxide of zinc, or the hypodermic injection of atropia have been followed by relief or perfect cure. Sometimes the application of the electric current, especially the induced to the muscles of the healthy side has been of benefit in strengthening the action of opposing muscles. Section of the muscles of the side diseased has been tried, sometimes with success sometimes with no good results. In certain cases as soon as the contractions in one muscle are controlled by section a neighboring muscle becomes affected. At times the disease seems to run its course, ending in spontaneous cure.

The seat of the disorder is evidently not in the muscles, but in the nerves or nerve-centres which supply them. As might be expected, therefore, efforts have been made in the obstinate cases to procure relief by section of the nerve supposed to be at fault. As the spinal accessory nerve supplies the sterno-cleido-mastoid and trapezius muscles, it has been divided in its course through the sterno-cleido-mastoid muscle by an incision cutting quite through that muscle, which was at the same time, of course brought into a state of rest. The success of this method has thus far, however, been somewhat unsatisfactory.

In the *Lancet* June 21st, 1890, page 1354, Dr. Collier describes another operation which seems to be original with him. Believing that the cause of the trouble was an excessive intermittent and irregular discharge of energy along the spinal accessory nerve, he determined to

throw a ligature around the nerve, hoping that by the introduction of increased resistance in the course of the nerve, and the possible deflection of some of this energy into structures other than the sterno-mastoid and trapezius muscles, an abatement or cure of the trouble might be produced. The patient a fairly healthly-looking country girl 21 years of age, well developed, intelligent, with no family nor personal history of neurotic trouble, came under his care in January, 1889, having suffered with the disease since 1883. The symptoms had made their appearance gradually, culminating in a most distressing affliction, the head being rotated every few seconds so as to bring the left ear by sudden jerks into a line with the sternum. The spasmodic rotations never ceased although less violent during sleep. She had been dosed with innumerable drugs, had been galvanized, blistered, cauterized, had suffered removal of the tonsils, but without avail. Having determined to ligate the nerve, Dr. Collier made an incision and without difficulty found the spinal accessory nerve, at the point where it emerges from the outer border of the sterno-mastoid muscle. Taking the nerve as a guide, he tunnelled through the muscle for some distance, using a moderate amount of traction upon the nerve, but avoiding, as much as possible, injury to the muscle. He then passed a loop of silver wire around the nerve as high up as he could reach, and twisting it about the nerve so as to secure slight compression, brought the end of the wire out of the wound in the skin.

When the patient awaked from the anæsthesia the spasms had entirely ceased. The wound was treated on general principles, and healed by first intention without causing pain or discomfort. At the end of three months the ends of the wires were cut off so short that the skin might grow over them.

The spasms had not recurred; there was improvement in general health, and the sterno-mastoid and trapezius muscles appeared to be in excellent condition, so that the patient could rotate the head or retain it in any position she pleased. In April 1890, more than a year after the operation, she wrote that she was feeling quite well, had attended several dancing parties, and had no trouble in keeping upright. The spasms had not returned, so that the operation might be called a complete success.

CONDITION OF THE HUMAN BODY AFTER PROLONGED IMMERSION IN WATER.

During the Hungarian struggle for independence in 1849 a certain company of troops fell in battle, and their bodies were thrown into the Echoschacht, a deep pool in the neighborhood of Hermanstadt. During the last year the bodies were recovered from the still waters of the pool and submitted to a careful and minute examination by the state physician, Dr. König, whose report upon the subject is quoted in the *Lancet* of August 9th, 1890. He found the bodies in a perfect state of preservation, without the slighest trace of decomposition. They presented exactly the appearance of specimens preserved in alcohol, the epidermis being of a whitish-grey color. The muscles were rose-red, feeling like fresh meat. The tissues of the internal organs—the lungs, heart, liver, spleen, kidneys, bladder, stomach and intestines—had the consist-

ence which they ordinarly present immediately after death. They retained their structural outlines perfectly, so that they might have been used for a class-demonstration in anatomy. The brain was hard and of a dirty-grey color, as if it had been preserved in alcohol. The large intestine contained fæces of a yellowish-brown color, quite unaltered and without odor. The bladder was partly filled with straw-colored urine.

In addition to this wonderful preservation of the bodies, now forty years submerged, certain physical conditions of great interest were brought to light upon more careful examination. Within the bodies quantities of chloride of sodium had been deposited, in crystalline cubes, and fixed on the several tissues and organs. The situation of these deposits proved that the salt had not penetrated, mechanically, into the dead bodies from without, for in the completely closed and quite unchanged pericardium, on its inner aspect, and also upon the outer surface of the heart itself, salt crystals of the same kind to the amount of 5 grammes (75 grains) had been deposited. Dr. König infers from these facts that, during immersion in water, particles held in solution in the water may pass through the skin and the muscles and find their way into the most deeply seated organs.

There is no reason to doubt that in deep still water, with no swarms of living beings to devour it, the human body might preserve its form for centuries.

After July 1, 1893, the Colorado State Board of Health will accept the diplomas of no school which does not have an obligatory three years' course of instruction of five months each in three different years.

Reviews, Books and Pamphlets.

Bacteriological Technology for Physicians. With Seventy-two Figures in the Text. By Dr. C. J. Salomonsen. Authorized Translation from the Second Revised Danish Edition. By William Trelease. New York: William Wood & Co., 1890. Pp. 162, price $1.25.

The first edition of this work appeared in Wood's Monographs, together with other articles. Its great popularity has led the publishers to issue an unchanged edition, tastefully bound in cloth, As a practical hand-book on bacteriology, it has been highly praised in Denmark and is universally liked in the laboratories of this country. It seems strange that the price is $1.25, when the publishers can afford to issue the very same work in their "Monographs," bound with two other important monographs, all for $1.00.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Physics in the University of the City of New York, etc. Third Edition. New York: William Wood & Co., 1890. Pp. xii–528.

The one thing that strikes the reader of this third edition is the unusual orthography of such words as "chlorin," "iodin," "chlorid of calcium," etc. This style has been authorized by the Chemical Section of the American Association for the Advancement of Science. Further than that there is nothing to note. It is a good, thorough book, evidently popular by its several editions.

Progressive Exercises in Practical Chemistry. By Henry Leffmann, M. D., Ph. D.; and William Beam, M. A. Illustrated, Philadelphia: P. Blakiston, Son & Co., 1890.

This is a very elementary little laboratory manual, intended originally for the author's class at the Woman's Medical College of Philadelphia, but afterwards enlarged to suit all students. It is clean, well printed and abundantly illustrated, and is very useful where self-instruction is necessary. As each teacher has his own peculiar methods, it will probably be little used in other schools.

Saunders' Pocket Medical Lexicon; being a Dictionary of Words and Terms used in Medicine and Surgery. By JOHN M. KEATING, M. D., Fellow College of Physicians of Philadelphia, etc., and HENRY HAMILTON. Philadelphia: W. B. Saunders, 1890. Pp. 280. price 75 cents.

In spite of the recent outbreak of medical dictionaries, this little one, while not pretending to be unabridged, is so full, convenient and cheap, and the definitions are so short and easily remembered that it will find a ready sale.

A Compend of Human Anatomy, Including the Anatomy of the Viscera. By SAMUEL O. L. POTTER, M, A., M. D. Fifth Edition. Philadelphia: P. Blakiston, Son & Co., 180. Pp. 315, price $1.00.

This is a combination of Potter's "Human Anatomy," and "Visceral Anatomy," formerly published separately. It has been thoroughly revised and enlarged by the addition of forty-three original plates and tables. It is intended for the student.

Stricture of the Rectum. A Study of Ninety-Six Cases. By CHAS. B. KELSEY, M. D., New York, etc.

The author gives the various causes of stricture of the rectum, the symptoms, diagnosis and treatment, with the report of sixty cases by himself.

Coca and its Therapeutic Application. By ANGELO MARIANI, With Illustrations. New York: J. N. Jaros, 1890.

What is known of coca and cocaine in general has been collected by M. Mariani in this small volume. It is valuable as a description of an important production of scientific pharmacy by a very enterprising firm. The history of the plant, with excellent illustrations, is given in a language clear enough for any one to understand.

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On the Treatment of Eczema in Elderly People. By L. DUNCAN BULKLEY, A. M., M. D., New York. Reprint. 1890.

A Case of Brain Tumor (Angioma Cavernosum), Causing Spastic Paralysis and Attacks of Tonic Spasms: Operation. By L. BREMER, M. D., and N. B. CARSON, M. D., of St. Louis, Mo. 1890.

Miscellany.

COPELAND'S INJECTION FOR CYSTITIS.

℞.—Sodium Benzoate	ʒ j.
Tr. gelsemium	ʒ ij—iij.
Water, q. s.	℥ vj.

M. S.: One ounce to be warmed and injected, and allowed to remain twenty or thirty minutes. Said to be an excellent wash in the painful cystitis of old men.—*Va. Med. Monthly.*

ARISTOL IN SKIN DISEASES.

Dr. Thomas N. McLaughlin, in an article on the use of aristol as a substitute for iodoform in skin diseases (*Virginia Medical Monthly*, November, 1890), draws the following conclusions:

1. The drug is free from all objectionable odors.

2. When used over large surfaces, you obtain all of its medicinal effects without any toxic effect. It is not absorbed.

3. It possesses stimulating, alterative and analgesic properties; the latter effect is less marked than that obtained from iodoform.

4. It does not produce any discoloration of the skin.

5. On account of its dark color, you can readily observe how far the powder has been used on a diseased surface.

6. It is not irritating, and its use is not contra-indicated in the treatment of facial eruptions, as chrysarobin and pyrogallic acid.

7. It appears to possess the necessary properties to make it an efficient substitute for chloroform.

A NURSE'S DAY IN A HOSPITAL.

We each begin our duty in the hospital as probationers on a month's trial. That beginning is very new to most of us; quite unlike anything in our previous lives. Before entering the school, some of us may have imagined that we had a peculiar fitness for nursing, even if we did not consider ourselves born nurses. We may have made up our minds that we knew how to make a poultice, and to care for the sick by being kind to them and ventilating their rooms. We may possibly have read Miss Nightingale's "Notes," and so are quite sure that we know something of nursing; but that the hospital training will give us a sort of standing, and therefore it will be a desirable thing to have. As we proceed with our training we discover that we did *not* know how to make a poultice, nor how best to care for a sick person. Some of us, again, know nothing at all about nursing, but we are not required to know anything. A head nurse prefers to train the raw material, so to speak, in her own way. What is required is that the probationer be receptive, that she be intelligent and, above all active; and in case she has any knowledge of nursing, or ideas, or opinions, if she is discriminating she will keep them to herself.

We have no dreaming time; there is no place for sentiment, and very little for sympathy in the ordinary sense of the word. Were we to sympathize with all

the woes that we see we should be used up, we should die.

A probationer enters the ward for the first time, and is introduced to her head nurse. She is then probably set to do some simple piece of work, such as arranging a closet or folding clothes and the like. On the next day she will have her regular duties to learn. As the afternoon goes on she may find herself looking at the clock watching for 5.30 P. M. to come so that she may go off duty, and she has, probably, a bad headache. There is a hospital atmosphere, produced by the smell of drugs and other unavoidable odors, perceptible to a fresh nose; there are strange sights and sounds which, combined, give a sort a shock for the first day.—From "The Training of a Nurse," by Mrs. Frederick Rhinclander Jones, in November *Scribner.*

MYXŒDEMA AND ENDEMIC CRETINISM.

It is well known that there is a very striking resemblance in these two conditions; some authors have stated that the only difference between the two is that one is a disease of adult life and the other is congenital. Bircher contributes an interesting communication on this subject in the *Sammlung Klinscher Vorträge,* No. 357. He describes the recognised symptoms of myxœdema, and also the morbid anatomy as far as it is known. The secondary symptoms of the disease —hypertrophy of the left ventricle, paleness of the skin, feeble pulse, œdema and serous effusion—he thinks may be ascribed to endartertis, nephritis, and hepatitis, and their results. The primary symptoms, changes in the skin, mucous membranes, and functions of the nervous system—he considers depend upon disturbances of nutrition in the brain. The blood is watery, the number of red blood-corpuscles diminished, and there is an increase of mucin in the tissues. These changes are due to atrophy of the thyroid. In support of this theory, Bircher states that after a complete removal of that gland changes are produced which exact resemble those in myxœdema.

This artificial myxœdema is more acute and runs a shorter course than the true disease. He considers that the thyroid is an organ necessary to life, probably because it prevents the accummulation of mucin in the body, and other organs are not able to take up its function. These observations are confirmed by experiments on animals. Thus, dogs died after total extirpation of the organ; but if a small piece of the thyroid was transplanted by being introduced into the peritoneal cavity, the animals rapidly recovered. Bircher then relates the history of five women who had goitre, and in whom total extirpation of the thyroid had been performed. In three of these slight symptoms of myxœdema showed themselves, and then disappeared; in all these small portions of the thyroid were observed to have been left in position. The fourth patient died of epileptic attacks; her ovaries had been removed two months previously. The fifth patient rapidly developed epileptic attacks. A small piece of a thyroid was then introduced into the peritoneal cavity, when all the syptoms at once improved. Bircher goes so far as to suggest this operation for the treatment of myxœdema. Endemic cretinism Bircher considers to be an infectious disease, the infective material being carried by drinking-water. The most important and constant symptom is the enlargement of the thyroid. The author then fully describes the history, symptoms, pathology, &c., of cretinism, and especially dwells on the differences between this disease and myxœdema, and finally sums up thus:—"1. Myxœdema is a sporadic disease. It is due to the loss of function or atrophy of the thyroid; it is a general dyscrasia, occuring chiefly in adults. 2. Cretinism is an endemic complaint. It is due to an infection which is long continued, children being most susceptible. In addition to the hypertrophy of the thyroid, irreparable

malformations occur in various parts of the body."—*Lancet.*

A SUNDAY WITH A COUNTRY DOCTOR.

Sunday is a busy day for the doctor. A good many people put off being sick till Sunday, especially in haying-time, and the calls began to come early. So the narrow buggy went down the road, and did not return till late. Sunday-school was in session, and the children sang:

"Day of all the week the best,
Emblem of eternal rest."

A group of young women in white came out into the little burying ground, and through my open window I could hear gossip and laughter, as they picked their way among the gleaming white headstones. Then a party of ladies dressed in deep mourning appeared. Standing apart was a young couple chatting in a sheepish way. A small girl, with curiosity abnormally developed pretended to read the inscription on a tombstone near by, while she absorbed the conversation. The cabinet organ was played again, and the children, with the older people in the church, sang, "He will carry you through." The voice of good Dominie Thompson rolled out in stirring tones as he sought Divine guidance and blessing for the beloved children of his flock,—From "A Day with a Country Doctor," by Frank French in November *Scribner.*

PLUGGING THE UTERINE CAVITY AFTER LABOR.

Dr. Auvard (*Annales de Gynéc.*, August, 1890) discusses the use of the plug after labor. As defined and advocate by Dührssen in 1887, the process is caried out in the following manner. The cervix is drawn down as close to the vulva as possible by a volsella forceps and held there. By the aid of dressing forceps or the fingers alone the uterine cavity is closely packed with iodoform gauze (20 per cent. iodoform). A piece of string is fixed to the plug, which is withdrawn in twenty-four hours. Dührssen collected 65 cases of plugging after labor; 6 died—3 from anæmia and syncope, 1 from septicæmia, 1 from eclampsia. and 1 from tuberculosis. The loss of the latter 2 cannot be attributed to the plugging, whilst the true cause of death in the remaining 4 is uncertain. Granting that the fatal end was due to plugging, and adding 2 cases of plugging with good results in M. Auvard's own experience, the total will be 67 cases with 4 deaths, a mortality of 6 per ceut. This proves that plugging is a safe process, and, moreover, it is a powerful hæmostatic agent. Once more analysing the 4 deaths, M. Auvard notes that in the 3 due to syncope through the anæmia there is evidence tha the plugging was done too late. Therefore plugging is a practice worthy to be worthly established in midwifery, and, like most other obstetrical proceedings, it most be done in time. In discussing the paper, M. Pascali stated that he used the plug as a prophylactic against hæmorrhage, as he practiced in a malarious region where *post-partum* hæmorrhage was frequent. The plug answered far better than hot water injections. M. Fochier. of Lyons, had tried it twice in placenta prævia; he found that the plug sometimes sent up expulsive pains. M. Dührssen stated that since he published the statistics which M. Auvard analysed, nearly 200 cases had been reported to him. They confirmed his previous opinions. M. Vulliet, of Geneva, stated that he had often used the plug, but not after labor. In some countries, especially Switzerland, the uterus was very sensitive to iodoform, and he had observed several cases of iodism. This idiosyncrasy is found in districts where goitre prevails. M. Kochs, of Bonn, said that the plug need not consist of iodoform gauze. Simple sterilised gauze was quite sufficient—indeed, it was now used by M. Dührssen himself.—*Brit. Med. Jour.*

THE TREATMENT OF A RED NOSE.

According to Unna (Lyon Médical, June 1st, 1890), redness of the nose is ordinarily due to acne rosacea, accompanied by dilatation of the blood vessels, and is frequently caused by seborrhœa, which must be combated by ordinary means. When the case is one of simple acne rosacea, Unna recommends the internal use of three quarters of a grain of ichthyol, At night he recommends the application of an unguent composed of zinc ointment twenty parts, rice powder five parts, sulphur two parts.

Where vascular dilatatiom is a prominent element of the affection, Unna advises puncture of the dilated venous trunks with Hebra's instrument, the procedure to be repeated two or three times a week.

In light cases, and as a supplementary treatment in severe cases, he advises the use of ichthyol soap, while warm water should invariably be used for washing. —*Therpeutic Analyst.*

TREATMENT OF TONSILLITIS.

Dr. Haberkorn (*Centralbl. f. Chirurgie*), has employed with excellent results in the different forms of tonsillitis, applications of salicylic acid crystals with the brush to the affected parts. The mucous membrane is covered with the crystals, which dissolve slowly, protecting the healthy tissues and destroying the infectious matter. The applications are made morning and night, and are not attended with discomfort in children over two years of age. Under their use the inflammation rapidly subsides, and the exudations are cast off. If the latter are extensive and thick, they should be previously dissolved by brushing with a solution of pepsin, ʒ ss, muriatic acid, 8 gtt. water ʒ v, and glycerin, ℥ ss. In addition to the local treatment the author recommends a mixture consisting of acid salicylic, ʒ ss, solut. gum arabic, ℥ iss, syrup rubi idæi ℥ ss; one tablespoonful every two hours. This mixture reduces the fever, and affords great relief to the local symptoms.

In cases where the inflammation is of a more chronic type, the following mixture administered in tablespoonful doses every three hours is very effective:

℞.—Acid tannic		gr. xv.
Tinct. iodi.		gtt. ii.
Aquæ		℥ vi.
Glycerin		℥ ss.

In cases of quinsy the formation of an abscess may be aborted by applying the following:

℞.—Acid tannic	gr. xv.
Tinct. iodi.	gt. ii.
Acid carbolic	ʒ ss.
Aquæ	℥ iiss.
Glycerine	℥ ss.

—*Jour. Respiratory Organs.*

STARVATION AND LIABILITY TO INFECTIOUS DISEASE.

Canalis and Morpurgo (*Oesterr-ungar. Centralbl f. d. med. Wissenschaften*, No. 27, October, 1890), have recently made observations on this subject. Their experiments were made with the anthrax bacillus, the animals chosen being those most resistant to this disease, namely, pigeons, hens and rats. Most observers have regarded pigeons as very sensitive to the anthrax poison. Canalis and Morpurgo find, on the contrary, that they show great resistance, for, out of 12 pigeons inoculated with anthrax only two died, one on the fourth and the other on the seventh day after inoculation. They sum up their results as follows: (1) Animals previously immune can be rendered sensitive to infectious disease by withholding food for a period. (2) In the case of pigeons, immunity against anthrax is completely lost from the time of inoculation all food is withheld. (3) On the other hand, pigeons starved for six days before inoculation can be rendered immune against anthrax if

again fed subsequent to inoculation. (4) This is not the case if subsequent to inoculation they are starved for a further period of two days before they are again fed. The disease in this case, however, runs a longer course. (5) Well-nourished pigeons inoculated with anthrax virus take the disease, if even eight days later food is entirely withheld. (6) This would seem to indicate that the anthrax bacillus is capable of maintaining its vitality for at least several days after subcutaneous injection, and then producing this disease. (7) This increased sensitiveness towards anthrax, as the result of starvation, cannot be ascribed to the fall of temperature which ensues, since a similar fall of temperatnre artificially produced in well-nourished pigeons does not deprive them of the immunity they previously possessed. Hens also can, to a certain extent, be rendered sensitive to anthrax by starvation. (9) The great majority of them succumb to the disease if previously to inoculation they have been starved from three to seven days. (10) Rats—at least the white variety used by Canalis and Morpurgo—retained their immunity against the disease, even if starved for a long period.—*Brit. Med. Jour.*

POST-MORTEM PRAISE.

The great majority of our readers are probaly unfamiliar with the name of the late Dr. Handfield Jones. Yet his memory has just received a tribute which no one can read without feeling warmly toward its author, Dr. Wilks, or without feeling a special interest in the object of the eulogy. We publish it elsewhere, for its helpful reading. One can but think, however, of the pleasure it would have given Dr. Jones if he could have had such a testimonial when alive. Post-mortem tributes have usually an empty sound, even when they are sincere and eloquent like that of Dr. Wilks. The regret comes, as we have suggested, that it could not have been made to warm the heart and cheer the declining years of him who has passed away.

The German practice of having "jubilees," in which the life-work of the aged savant is reviewed and praised, has many things to commend, and might well be adopted in other countries.—*Medical Record.*

A SAVAGE CUSTOM IN DRESS.

Even amongst women themselves opinions differ as to the advantage or otherwise of wearing in the hair a so-called ornamental comb. Some artificial means of fixation is perhaps essential to neatness in arrangement, and this may very well be safely and becomingly contrived. As for the comb, however, and the various forms of skewer which one daily meets with transfixing a hat or passed at random through some head-knot or plait, these are mere extravagancies of costume. Fashion acknowledges them as it does other vagaries; simplicity, the essence of true taste, ignores them. Utility condemns them as idle. Harmless they may be in themselves, yet they have before now imperilled or injured the persons of their wearers. Take, if even as an extreme instrance, the case of a woman who fell down stairs a few days ago and was so seriously injured by the teeth of her hair-comb, which penetrated and broke in her skull, that death resulted. Here, no doubt, allowance must be made for the fall, but the chief injury incurred cannot be attributed to this. "Let us not be over cautious; there is danger in every moment we live and step we take, if only we will seek it out." True; but why carry about even a chance of risk for the sake of dubious taste and slavish fashion? —*Lancet.*

COCAINE IN VAGINISMUS.

Dr. J. H. Baas, of Worms (*Centralbl. f. Gynäk*, No. 41, 1890), describes a very severe case of vaginismus. The patient was a well-made young woman,

aged 24. Coitus had from the first been intensely painful, and the most painful spasms were set up by anything touching the vulva. Her mental and physical health became much impaired. On exploration a tense, sharp-edged ring could be felt in the vagina; the gentlest handling caused the patient to shriek with pain. Spasm of the anal and vesical muscular apparatus always accompanied the vaginismus. Dr. Baas recommended the patient to come into hospital, but she refused. He therefore prescribed a 10 per cent. cocaine ointment, to be applied three times a day to the vagina. A fortnight later the patient returned in much better health. The period, hitherto painful, had been painless since treatment. Digital exploration of the vagina caused no pain. Dr. Baas recommended that conjugal relations should be resumed. He never saw the patient again, and concluded that the normal functions of the genital tract were restored.—*Brit. Med. Jour.*

THERAPEUTICS OF GASTRIC DYSPEPSIA.

M. Georges contributes (*Revue Médicale de l'Est*, September 1st, 1890) a paper on this subject, based on a number of experiments he has made on the relative digestive power of natural and artificial gastric juices, Cubes of hard-boiled white of egg were placed for a certain length of time in an artificial gastric juice containing HCl and pepsin in varying dilution. He finds (1) that to effect a speedy and satisfactory digestion of hard-boiled egg or of roasted and raw meat it is necessary to use a gastric juice containing a large quantity of HCl and a minimal quanity of pepsin. (2) The hydrochloric acid ought to be employed sufficiently dilute; a 0.4 per cent. dilution appears to be preferable to one either weaker or stronger, such as 0.1 per cent. to 0.2 per cent. or 1. per cent. (3) The best proportions of HCl (0.4 per cent.) and pepsin are about 5 cubic centimètres of acid to 2 centigrammes of pepsin. (4) It is necessary to employ the artificial juice thus made in sufficient quantity to obtain the best result. Thus if the above proportions of acid and pepsin be taken as the unit, it may be said that the digestion power of the juice increases with the quantity employed, and that the increase is in the proportion of 12 to 8. This only applies, however, with certain limits. A combination of 40 cubic centimètres of a 0.4 per cent. solution of HCl with 8 to 10 centigrammes of pepsin gives the best results of all. His observations on the digestive capabilities of natural gastric juice were made on 142 specimens taken from 69 patients: In 8 cases of "chlorotic anæmia" the contents of the stomach were found on eighteen occasions to have no digestive power at all; on two occasions they possessed a slight power; and on one occasion digestive power was normal. In each of these cases the addition of pepsin failed to modify the digestive action; in one instance, indeed, it appeared to delay it. The addition of HCl, on the contrary, had a very marked effect in 12 cases, but was without result in 8 cases. Of all the degrees of dilution employed, 0.4 to 0.6 per cent. of HCl gave the best results. In 9 cases of gastric ulcer the digestive power of the gastric juice was found to be excellent on nineteen occasions, and absent altogether on ten. In these ten instances pepsin was found to be hurtful in its action on three occasions, while HCl (0.4 per cent.) restored the digestive power on six occasions. Analogous results were obtained in 92 specimens of gastric juice obtained from 52 different cases, including such affections as tabes, catarrhal jaundice, acute and chronic gastritis. In 87 of these 92, the gastric juice was without digestive power. The addition of HCl (0.4 per cent.) proved useful in 46 cases, while pepsin entirely failed, even impeding the digestive process on twelve occasions. The result, therefore, of the observations on 142 samples of gastric juice was that 115 were found without

digestive power, In all these cases pepsin had no action, appearing sometimes to be even hurtful (sixteen times). The conclusion he draws from these data seems, then, justified—namely, that pepsin is useless where the dyspepsia is due to some primary or secondary disturbance in the gastric secretion, while hydrochloric acid can be used with advantage in such cases. A further series of observations on the digestive power possessed by various medicinal preprations containing as their basis hydrochloric acid, pepsin, pancreatin, or papaïn, showed that they were without action in all cases; they did not facilitate digestion either in the case of artificial or of natural gastric juice.—*Brit. Med. Jour.*

THIOL IN SKIN DISEASES.

Professor Schwimmer (*Wien. klin. Wochenschr.*, 18, 1890) has successfully treated cases of herpes zoster and dermatitis herpetiformis with a 1 in 3 aqueous solution of thiol. A case of dermatitis herpetiformis was cured in the course of a week by the application of this solution. The remedy was used twice daily for two or three days, and the skin washed with water. During this time the vesicles and bullæ disappeared and scurfs of thiol replaced them. Pigmentation in a moderate degree was observed in the underlying skin. In the treatment of erythema exudativum multiforme thiol produced good results, but the thiolum siccum pulveratum appeared preferable to the solution, the rash fading in three to six days, and a cure being quickly effected. The liquid preparation was found most suitable to cases of papular eczema. The ointment form of thiol ‘thiol liquid. 20., auxung. porc. 200) is not so pleasant as the solution. It has no unpleasant smell.—*Brit. Med. Jour.*

MENTHOL IN DIPHTHERIA.

Dr. Wolf (*Therap. Monatsh.*, Sept. 1890), recommends oils in the treatment of diphtheria. He holds that treatment can do little once the diptheritic membrane has spread widely, but that at the beginning local disinfection is of the greatest value and importance. He uses menthol rubbed up with sugar, 1 to 20 or 1 to 10. The powder is applied with a large camel's hair brush, the membrane being as far as possible rubbed off, and the menthol brought directly in contact with the underlying surface. Solutions of menthol do not act so well, as in applying then the membrane cannot be so completely rubbed off as with the powder. Dr. Wolf makes the application once daily himself, but has it repeated two or three times by the nurse. It acts as a constant disinfectant for the mouth. On the second or third day the diphtheritic patches disappear, leaving clean and easily-healed ulcers. Fever and other symptoms are treated in the usual way. Menthol has been recommended in diphtheria by other physicians, and Ziegler found that peppermint oil was very much more powerful than either quinine or turpentine in hindering the development of the germs found in the membrane. *Brit. Med. Jour.*

DR. KOCH'S INVESTIGATIONS UPON THE TREATMENT OF TUBERCULOSIS.

It may be remembered that at the International Congress Professor R. Koch excited much laudable curiosity by detailing his experiments to discover a substance which when injected into the body should have the effect of destroying the bacillus of tubercle without injuring the animal operated upon. He stated that he had found various substances to be remedies which hinder the growth of tubercle bacilli in tube cultures: a number of ethereal oils—among the aromatic compounds *b*-napthylamin, paratoluidin xylidin; some of the so-called tar dyes—namely, fuchsin, gentian violet, methyl blue, clinolin yellow, aniline yellow, auramin; among the metals mercury in the form of vapour, silver and gold com-

pounds. The compounds of cyanogen and gold were especially conspicuous. their effects surpassing that of all other substances; even in a dilution of one or two millions they checked the growth of tubercle bacilli. But all these substances, though effective in tube cultures, were absolutely without effect if tried on tuberculous animals. But Dr. Koch was too far successful to be discouraged, and he thinks he has hit on a substance which has the power of preventing the growth of the tubercle bacillus, not only in a test tube, but in the body of an animal. Even guinea-pigs, which are extraordinarily susceptible to tuberculosis, if exposed to this substance cease to react to the inoculation of the tuberculous virus; and still more, guinea-pigs actually suffering from general tuberculosis, even to a high degree, have the morbid process arrested, without the body being in any way injuriously affected. We have not had to wait long for the promised trial on the human subject of the efficacy of this method to restrain the development of the bacillus. Such a trial was made in the wards of La Charité, and with such promising result (according to the *National Zeitung*), that Dr. Koch has been granted a prolonged leave of absence from his professional duties to enable him to pursue his investigations on a wider scale. The vast importance of the possible results of such an inquiry upon the welfare of thousands renders it all the more necessary for the world at large to imitate the caution and reticence of Koch himself, bearing in mind that hitherto he has not overstepped the limits of justifiable inference, and that he would be the first to deprecate either haste in drawing conclusions or a premature adoption of a method on which so much depends. Indeed, apart from the fact that we may be on the verge of a revolution in therapeutics, it may be said that bacteriology itself is on its trial in this momentous investigation.—*Lancet.*

TREATMENT OF ERYSIPELAS.

Dr. Ulrich, a Danish military surgeon, having had eighty-nine cases of erysipelas of the face in young soldiers, has published in a comparative table the results of the three different methods of treatment which he adopted—viz., the application of ice compresses, painting with pine tar, and painting with a solution of ichthyol in its own weight of ether and double its weight of flexible collodion. Thirty-three was treated by the first method; in twenty of these the erysipelas spread considerably, in four slightly, and in nine not at all. Twenty-seven cases were treated with tar; in fourteen of these there was much spreading, in one a little, and in twelve none. Twenty-nine cases were treated with ichthyol; in these the spreading was considerable in eight cases, slightly in six, and in fifteen there was none. The mean duration of the disease under the ichthyol treatment was 6·88 days, while under the ice and tar methods it was 8·33 and 9·3 days respectively. The relapses, too, were decidedly less numerous under ichthyol than under either of the other plans. Dr. Ulrich suggests that still better results might be looked for if the ichthyol were painted not merely over the affected parts, but over a considerable portion of the surrounding skin.—*Lancet.*

SULPHONAL IN DIABETES.

Dr. Casarelli of Pisa mentions the favorable action of sulphonal in diabetes. This drug diminishes the quantity of sugar in the urine, also reducing the polyuria and the thirst. These results were obtained by doses of from 5 to 30 grains per diem, but not to so marked a degree as with doses of 45 grains continued for several days. The 30-grain doses could be administered for some time without any ill effects; but although the 40-gr. doses at first caused no disturbance, it was found that, when they were continued for any lengthened period, they caused giddiness and excessive sleepiness, which disappeared when the drug was discontinued. Sulphonal was used with good results in conjunction with both a mixed diet and a strictly meat diet; in the latter case a large quantity of sugar

appeared in the urine as soon as the sulphonal was stopped. In the only case in which antipyrin had been previously used it was found to exert less influence than sulphonal.—*Lancet.*

TAPEWORM AS A CAUSE OF DYSMENORRHŒA.

Dr. Isidor Pálmai, of Budapest, reports in the *Gyógyászat* a case in which a tapeworm apparently caused dysmenorrhœa and sterility. A young married woman of twenty, who had suffered for ten years from tape-worm, consulted Dr. Pálmai for persistent diarrhœa. The patient was anæmic and complained of all kinds of troubles, and more especially stated that she suffered intense pain during menstruation. She had no child, although she had been married three years. Five or six times the expulsion of the tapeworm had been attempted without result, owing, as the patient believed, to the fact that she brought up the anthelmintic immediately she had taken it. Dr. Pálmai gave her a perfectly fresh infusion of filix mas, and was successful in expelling the tapeworm in its entirety, measuring nearly eleven feet. After some days the patient lost the unpleasant feelings she had had and the depression of spirits. She conceived almost immediately, and was delivered after a protracted labor of a perfectly healthy child by means of forceps. Since then the menses have been quite painless. Dr. Pálmai considers that the dysmenorrhœa and the sterility, as well as the subsequent unsatisfactory labor pains, were due to the prior influence of the tapeworm on the nutrition of the circulation and the condition of innervation of the uterus.—*Lancet.*

DESTRUCTION OF THE TUBERCULAR VIRUS.

Some interesting experiments bearing on the above subject are recorded by M. Onimus in the *Comptes Rendus* for Oct. 6th. This observer has attempted—with success—to destroy the tubercular virus by evaporating volatile oils on incandescent spongy platinum. Sputum, which had been proved to be tubercular, but which had been submitted to the vapors of essential oils evaporatedin this way, and then inoculated on animals, failed to produce tuberculosis. The oils were mixed with alcohol before evaporating. Some of the essences–the oil of turpentine, for example–possess the disadvantage of emitting black smoke when heated, which rapidly obstructs the pores of the spongy platinum. The oils principally employed were those of thyme, lemon, and eucalyptus, of which the first named was decidedly the most successful. In another series of experiments naphthol was added to the liquid to be evaporated, but no advantage was gained from this. It has long been known that the essential oils possess an antiseptic action, but this is greatly augmented by evaporation on incandescent spongy platinum. This method is especially advantageous in the treatment of phthisis, for the vapour becomes intimately mixed with the inspired air, and reaches the bronchi before it condenses, and it has been further shown that it penetrates into the pulmonary alveoli themselves. The beneficial action of this treatment is shown by the rapidity with which the sputa derived from large phthisical cavities, and from cases in which an empyema has burst into the lung, lose their odour and become free from smell. If the inhalations be persevered with, great improvement occurs in the patient's condition; and although no actual cures have as yet been reported, yet the results which have been obtained demand that this method of treatment should have a fair trial.—*Lancet.*

Dr. Bruno, the pathologist of Charity Hospital, New Orleans, has not had Osler's and Councilman's success in finding the hæmatozoön of Laveran in the blood of many cases of malarial fever that he has examined.

Medical Items.

Dr. John H. Branham, of this city, was married last Wednesday.

The death of Dr. John R. Quinan has just been announced.

The daily papers seem to know a great deal about what Koch is doing.

The Semi-Annual Meeting of the State Society at Cambridge this week was much enjoyed.

Dr. Alfred Vogel, of Munich, well known for his work on Children's Diseases, died October 9th, in his sixty-first year.

Among the papers presented at the last meeting of the American Association for the cure of Inebriety, held at Hartford, Thursday, November 6th, were three read by Dr. J. B. Mattison, of the Brooklyn Home for Habitués, on "Opium Addiction, as Related to Life Insurance;" "Triple Narcotic Addiction—Opium, Alcohol, Cocaine—two cases—Recovery," and "Twenty-seven Years' Addiction to Opium—Recovery."

At the recent examination before the Virginia Examining Board, three non-graduates applied, of which two were rejected and one accepted, the successful applicant, strange to say, taking the highest average over all applicants including the graduates. The third highest was a graduate of the College of Physicians and Surgeons of this city, which was the only Baltimore school represented at this examination

According to the *Medical Record*, A bran-new graduate, fresh from the parting embraces of his *alma mater*, was called to attend an old lady suffering from tape-worm. Having relieved her of the parasite, he sent in an account for 10s. 6d., which the patient thought exorbitant and asked for particulars. These were given in the following terms: "For delivering you of a tape-worm 10½ feet long, at a shilling a foot, 10s. 6d."

Women who practise medicine, suffer from inconveniences at times (*Lancet-Clinic*), as for instance. A man rang a door bell of a female physician at night, crying: "Quick! Tell the doctor to hurry, as my wife is about to be confined." Then the husband of the female physician, who had opened the door, responded: "It is impossible for the doctor to go at this moment. She is about to be confined herself."

The constitution of the American Academy of Medicine was altered at the last Annual Meeting, so as to admit, in addition to those possessing the degrees of A. B. and A. M., those who can present evidences of preparatory liberal education equivalent to the same. Dr. J. E. Emerson, Detroit, Michigan, Chairman of Committee on Eligible Fellows, will forward to any applicant copies of the amended Constitution and By-Laws, List of Members, and other information as to the Academy.

The death of Dr. G. Monod, well known in Paris from twenty-five to thirty years ago, is announced at the ripe age of eighty-seven. Dr. Monod was for many years on the surgical staff of several Paris hospitals in succession, and had also served his seven years as assistant professor at the Paris Faculty. He was an able surgeon of a school now fast dying out, and enjoyed a large practice, especially amongst the Huguenot or French Protestant body, of which he was a prominent member. He was the father of Dr. Charles Monod, surgeon to the hospital of St. Antoine.

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CONTENTS

ORIGINAL ARTICLES.

President's Address. By T. A. Ashby, M. D., of Baltimore. 67

A Case of Goitre and its Extirpation. By Philip Heldrich, M. D., of Elmira, N. Y. . . . 74

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Oct. 19th, 1890. Complete Motor and Partial Sensory Aphasia. Arterio-Sclerosis. Discussion. A Case of Extensive Mastoid Disease without Local Signs, ending fatally. . . 76

EDITORIAL.

Koch's Treatment for Consumption. . . 80

Cambridge Meeting of the Faculty. . . 80

CORRESPONDENCE.

New York Letter. 81

Baltimore Conference of Medical Faculties. . 82

REVIEWS, BOOKS AND PAMPHLETS. . . . 83

HOSPITAL REPORTS.

Presbyterian Eye, Ear and Throat Charity Hospital. Monthly Report for October, 1890. . 84

MISCELLANY.

Pure Water in Egypt.—For Painless Tooth Extraction.—Hydatid Cyst of the Mammary Gland.—Palatable Castor Oil Mixture.—For Chapped Hands.—Railway Readers.—Injections for the Relief of Labor Pains.—Cure for Headache.—Diabetic Coma.—Treatment of Impotence.—Autoplasty for Large Ulcers of the Legs.—Tuberculosis of the Peritoneum.—Sterilization of Rubber Catheters. . . . 84

MEDICAL ITEMS. 88

Original Articles.

PRESIDENT'S ADDRESS. *

BY T. A. ASHBY, M. D.,

OF BALTIMORE.

It is my honored privilege and most agreeable duty to preside over the first meeting of this Faculty ever held on the Eastern Shore. The occasion upon which we meet is one of uncommon interest and importance. We are assembled in a section of our State noted for the fertility of its soil and for the beauty, extent and productiveness of its bays, rivers and water-courses, from which come for the service of man those rich and choice products of land and water, equaled in variety and abundance by few sections of the world's surface, and surpassed by none. We meet in a community noted for the culture, refinement and hospitality of its citizens, and bearing the classic name of two great centres of education and learning—the one in old England, the other in New England—a sufficient reminder of stimulating and ennobling influences in the region of thought and ideas.

I regard this meeting as having a striking significance and appropriate existence. It may be accepted as an evidence of a spirit of progress and of growing usefulness upon the part of this ancient and honorable organization worthy of our encouragement and approbation. In the history of this Faculty, very nearly co-extensive with that of the great Commonwealth of Maryland, it has numbered, and still numbers among its membership the names of many of the most eminent members of our profession residing on the Eastern Shore. It has received the loyal support of these men under circumstances attended with

*Delivered at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, at Cambridge, Md., November 11th, 1890.

difficulties and embarrassments. We now visit their section to show them that this Faculty has a personal pride in all of her children, and is endeared to their best interests and welfare. In the organization of this Faculty, early consideration was given to the advancement of the interests of the medical profession in every section of the State. Provision was made for a general representation in its work and administration. A Board of Examiners was selected annually from the Western and Eastern Shores, and through this doorway admission to active membership was within the reach of every worthy candidate.

Our forefathers in medicine in this State who framed the machinery which now works this organization, had in view the very largest and most comprehensive idea of co-operative work, and in putting this machinery in motion designed that it should meet every professional want, and that it should consolidate the energies and aims of the profession into a strong and harmonious purpose, having in view the good which could be made to flow from a thoroughly organized professional body. For many years the system as thus inaugurated worked with rare singleness of purpose, and in practical harmony. Its principles of organization were enforced, and the interests of the profession were subserved. The Faculty maintained for many years an ascendency over the entire profession in Maryland, and so justly and successfully were its affairs conducted that its government was recognized as an authoritative source of power and influence. So long as this condition of affairs remained in force the professional *esprit de corps* was maintained, and the practice of medicine was regulated by principles of honor and high character, by a large body of physicians throughout the State. Quackery, empiricism and irregular methods were kept down and the work of the profession was conducted almost exclusively by men who enjoyed the confidence of this Faculty, and possessed its authority to engage in medical work. The Faculty was the great and only regulating body in the State, and its authority conveyed the only legal right to practice medicine in Maryland. We can well perceive that under such a system of professional co-operation the best interests of medicine were subserved, and that the profession of medicine and the citizens of Maryland were secure against those systems of irregularity which are supported and maintained by the lowest monetary considerations. Under the old regime we of to-day can picture the pleasure and satisfaction of professional work. The association of earnest and cultivated minds in friendly professional intercourse, the conduct of professional work along lines of manly and honorable endeavor, the exchange of those courtesies and civilities which make physicians feel like brethren in a common and noble calling, and the absence of those sordid considerations which degrade the practice of medicine; these were the conditions which were best maintained by such a system of organization as I have here referred to. But aside from the standpoint of pure ethics which this Faculty instituted and fostered by its discipline and enlightened government, the highest consideration was given in its system of organization to the claims of an educational qualification and scientific standard. The Faculty at its very outset divided its work into sections, made provision for annual reports upon the progress of the medical sciences in every department, gave encouragement to a system of prize essays, original papers and to public addresses which were designed as important factors in the educational and scientific training of its membership. Not content with this work we find that as its membership grew, and as its resources increased, it secured its own hall with its own means, and here laid the foundation for a library which it still maintains, and which gives evidence of the wisdom, unselfishness, and enlightened understanding of its founders.

From these considerations thus hastily presented, I desire to show that the organization which meets here to-day was founded upon the broadest principles of professional policy and had for its highest and purest aim, the cultivation and advancement of the medical profession in those paths of professional work which make the humane, honorable, skillful and learned physician.

Starting out with such a high conception of an ideal professional body, we are prepared to understand the nature of those difficulties which ever assail the work of men and institutions intent upon pure and unselfish purposes. In the scheme of the Faculty no provision was made for avarice, selfishness, and monetary irregularities. It offered no short cuts to wealth or fame, but assumed to regulate the affairs of the profession on the basis of merit and honorable industry. It aimed simply to help the earnest, ambitious, and honest worker in medicine. But as the population in Maryland multiplied, as new men came in to take the places of the old, or to occupy new territory, as the race for wealth and position gave stimulus to avarice and greed, we find that the ideal body of which I have spoken, becomes tinctured with the spirit of the times, desertions from its ranks occur, its influence begins to waver, and, finally, its authority is violated and then thrown overboard. It is not pertinent to this occasion to show the various steps by which these changes were brought about. I simply refer to the result, and offer in evidence the fact that from having at one time exercised a pre-eminent authority and influence over the entire profession in this State, this authority virtually passed away. Divested of the right to regulate the practice of medicine in Maryland by a virtual surrender of its legal authority, this Faculty stands to-day clothed with the same charter under which our predecessors worked. Whilst then in one sense it has lost its authority over the affairs of the profession in Maryland, that is in the sense of not having the legal right to license those who engage in the practice of medicine in the State, in every other respect it maintains its ancient and honorable influence, and to-day represents in its organization and practices, the high and ennobling idea of professional purity, learning and ethics, which characterized it in the past. This Faculty has never lowered its principles; it has never compromised its opinions by association with ideas or -isms derogatory to the highest standard of professional morality and ethics. For some years past it has maintained its organization upon such a high plane of work that its influence has been directed more largely upon its individual membership than upon the profession at large throughout the State, but this action has been in a measure inseparable from those conditions of environment which often circumscribe the actions of individuals as well as of institutions. We must, therefore, look for the causes of this condition in circumstances which are remediable, and which can be made to disappear. The social and political upheaval in this State, which grew out of the late civil war, the causes which led to it, and those disturbances which followed in its wake, in largest measure, account for the shrinkage in the membership of the Faculty during the past thirty or more years, and for the character of a local, as distinguished from a State society, which its organization assumed.

For plain and satisfactory reasons, the annual meetings of this Faculty have always been held in Baltimore. Its hall and library are located there, and its chief support has come from the profession of the City. Only in this sense has it any significance as a local body. Its plan, scope and work are as broad and comprehensive as the resources of medicine demand. Its membership and privileges are within the reach of every respectable physician engaged in the practice of regular medicine in the State.

It is practically as well as theoretically,

the only State medical society in Maryland, and having in thepast exercised this influence over the affairs of the profession, it is now the only organization competent to assume this relation towards the profession of this State. I have been induced to make these hurried considerations touching upon the past history of the Faculty, in order that I might present in a clearer light, the present and prospective work before this organization. As honorable as its record in the past has been, as pure and inspiring as its traditions and principles are to-day, let us hold fast to these things and press forward to a larger and more important work for the future.

Two years or more ago, the members of the Faculty were brought to realize that the usefulness and influence of the organization were impaired by reason of the purely local character which was given to its annual meetings. An examination of its list of members revealed the fact that with 208 names on its roll-call, only twenty-four of this number were non-residents of Baltimore. Here was a fact, and an explanation was forthcoming. It was self-evident that no effort had been made for a number of years past to interest the profession in the Counties in the affairs of the Faculty, and that it had been allowed to drift along in this way, adding at each annual meeting about enough new members to fill the places made vacant by deaths and resignations. It became very apparent that the aim and purposes of the Faculty, so far as the profession at large throughout the State was concerned, could only be carried out in their full design by enlisting the County Physicians into the ranks of the Faculty. A movement was set on foot and such alterations made in the constitution which would open the doorway to this recruiting enterprise. The membership fee was reduced from $10 to $5, and the annual dues for County members from$3 to $2.

The next step provided for a revival of the semi-annual meetings which formerly were held in different sections of the State in the Fall season. This matter was placed in the hands of a special committee, which soon determined upon a plan of action. The first of these semi-annual meetings was held in the City of Hagerstown, on the 2nd Tuesday and Wednesday in November 1889. This meeting, though held in the nature of an experiment, was most encouraging and hopeful in its results. The profession of Western Maryland gave a most cordial reception to the Faculty, and entered heart and soul in giving aid to the purposes of the meeting. As a partial result of this meeting, about one hundred new members were added to the roll-call at the annual meeting in April last, and a new impulse and zest was given to its work such as it had not experienced for years. The results upon the Faculty were immediate and practical, but these influences of the meeting did not end here. The profession of Washington County were induced to organize a local medical society which has held bi-monthly meetings since its organization, and has an active membership of twenty-four.

As a further outcome of this meeting in Hagerstown, a Convention of medical men from various sections of the State was held in the City of Baltimore on the 2nd day of January last, and there and then determined upon an act of medical legislation which, with slight modifications, was passed by the General Assembly at Annapolis. This act has passed into the history of the profession of this State. This is not a proper place and occasion to particularize in regard to its fate. I will here say that this Faculty as such, was in no manner responsible for the act or for the fate which overtook it. The act originated in the Convention as above stated, and its passage was urged by the almost unanimous sentiment of the profession in this State. Its death was brought about by a very small and narrow professional clique which exercised a very decided and malicious po-

litical power. A few men holding positions of trust in the dominant political party in this State, found in the act as passed by the General Assembly, no position and no emoluments for a political appointee, and its destruction was not only sought but obtained. This medical bill asked for no State appropriation to carry its provisions into execution and to keep its machinery in motion. It undertook to make "brick without straw," a seemingly unwise and irrational act in the eyes of the lover of the public soup house. It asked for the entire profession of the State the right to organize a Board of Medical Examiners composed of reputable physicians, and empower this Board with the authority to license all physicians who might enter upon the practice of medicine in the State, subsequent to the passage of the act. Every necessary safeguard was thrown around the applicant's interests providing for him a judicious and impartial examination. The act aimed to protect the citizens of Maryland against incompetent medical practitioners. It was unjust towards none, it was fair towards all. We may vainly speculate as to the causes which induced his Excellency to withhold his signature from this bill, but I venture to say here that whatever may have been the motive which dictated such a course of action, the decision reached by the Chief Executive of this State, was not only disappointing to a large and influential body of citizens but was a manifest and gross disrespect to the medical profession of Maryland. It is not my desire to impugn motives or to be disrespectful towards the Governor of a great Commonwealth who is sworn to protect the rights and interests of all classes of its citizens, but I am prepared to assert here that if there was anything in this act unconstitutional or unjust, or in any way, shape, or form contrary to the best interests of the citizens of Maryland, I challenge the enemies of the bill to show it.

I have no desire to dwell upon this subject at any further length, but I wish, with your permission, to point out a lesson which this experience seems to teach. The profession of this State has enjoyed none of the advantages of an organized body for many years. Its influence, politically speaking, has been confined to a few individuals, and these men, with a few exceptions, have held the few political offices within the reach of medical men in the State. As a result of this system the profession of the State, as such, does not exercise the least influence in the selection of the men who hold these political offices; it exercises little or no influence upon matters of legislation which directly affect the physicians and citizens of the State; it rarely ventures to ask the law-makers of the State to repeal acts of legislation which bear unjustly against the business interests of medical men or to enact laws for the protection of medical practitioners in the exercise of their duties as physicians and as citizens. For years past the medical profession has gone along bearing the burden of unjust laws upon the statute books; it has placidly submitted to discriminations against its interests without an iota of resistance. When it has ventured to ask the General Assembly for appropriations, for the enactment of laws, or has attempted to exercise any preference in the appointment of its own members to places of trust, its influence has been felt in the feeblest manner. This condition of things is but the natural result of a system of disorganization which prevails in our ranks, and for which we are entirely responsible. The old adage "what is every man's business is no man's business" holds true in respect to the medical profession in Maryland.

The profession has made no systematic effort to protect its rights as a professional body. Individually we have squirmed and grown restless under grievances as plain and bare-faced as the light of day, without coming together as a body and seeking by a co-operative effort

a redress for such wrongs. If one desires to know some of the burdens we carry, let me ask, What preference has a physician's account against an estate? We are less thought of than the undertaker who may gobble up an entire residue in luxurious decorations. What protection has a physician in giving testimony before the courts in a matter of privileged communication? What rights has a physician in giving evidence in civil and criminal cases? In these as in other respects he is regarded as a citizen and not in the light of a professional character. It is quite true that many of us have lived and worked under these idiosyncrasies of the law in Maryland for many years and may not feel disposed to change, but I claim here that as an organization, or brotherhood, having rights as such, we are entirely too complacent. The time has come when we should seek to better our condition, and it behooves us to put the ball in motion looking to a complete revolution of the affairs of the profession in Maryland. The senior members of the profession, whose time is absorbed in an active and lucrative professional work, may view such matters with indifference, but I say on behalf of the juniors, that there is need for reform. An active and progressive medical organization in this State is demanded alike by the spirit of the times, by the necessities of our position, and by those influences in other departments of human industry and learning which convincingly establish the importance of a system of co-operation and of associated effort. In whichever direction the eye is turned, the influence of organized labor is apparent.

The tendency upon the part of a few to trespass upon the rights of the many, is exemplified in the history of many social, political, educational and religious bodies now in operation in our country. The monopolists of the day are not exclusively confined to that class of men designated as capitalists, high tariff lords and money barons, but may be found in the less pretentious walks of life pressing now here, now there upon the rights of the many. In our own profession these influences may be felt. Individuals and institutions both in the name of science and of charity, are not incapable of wronging the many to benefit the few. Is it proper for the profession to take notice of such matters, or shall we go along on the principle, every man for himself, and permit systems, -isms, and methods of professional work to pass current for the genuine coin whilst their entire fabric is soaked with the liquor of avarice and greed? Nay more, shall we suffer our vision to become obscured by the tinsel and glitter which they parade, and our ears to be deafened by the bold professions of philanthropy and science which they proclaim? I claim that it is high time for the profession to discriminate.

If the time was ever necessary for a thorough organization of the profession in this State it seems to me that time is the present, for never before in its history has it been brought so closely in contact with systems of irregularity and unfair competition. A few medical men progress in their medical work upon terms of satisfaction and independence, but I speak for the many when I say that their efforts are illy rewarded and their work is burdened with conditions unnecessarily unjust and severe. Many of these men are powerless to help themselves, for they are the victims of a system which, as individuals, they cannot overthrow. There is help for such men in the strong arm of an organized body, which can address itself to the correction of such influences. One of the objects of this meeting is to present the claims of this Faculty as a basis for a system of professional organization so sadly needed in Maryland. In this body we have the machinery well-nigh perfect in its design and scope, and fully tested by time and experience. It represents the highest conceptions of a scientific organization having for its purpose the elevation of the professional

body, the cultivation of the professional mind and the regulation of professional interests upon sound ethical principles. The question for the profession of the State to determine is, whether it will enlist under the banner of this Faculty and work out the problems which confront it, under its influence and leadership, or organize under an independent body having the same aims and purposes in view. The inexpediency of the latter proposition does not admit of argument, whilst the wisdom of the former must be apparent to all; hence I here assert that it becomes the duty of the entire profession of regular medicine in this State to come forward and give a loyal support to the Medical and Chirurgical Faculty of Maryland.

We meet this year on the Eastern Shore, as we met last year in Western Maryland, to make the profession of this section personally acquainted with the plan and purposes which this Faculty represents. We are here to show the influence which an organization can exert and to enlist your hearty co-operation in the work it has in view. We desire to establish the fact that the highest objects of professional work are connected with and promoted by an organized professional body. Whether we view these objects from the standpoint of pure science, of pure ethics or of true charity, they pay obedience to the law of organization and of co-operation. The man who leans upon himself and who does not touch his fellow associate in work at any point is robbing himself of that influence and sympathy which come from contact with mind, spirit and matter so capable of bringing life, and its noble uses, into harmony with its environments, and of softening and fraternizing man's relations with his fellow man. One of the most benevolent features of our age and civilization is the growing tendency upon the part of men in all walks, avocations and professions to take advantage of the opportunities presented for associated work. Whilst, then, experience has shown the advantages of associated work, not only upon the individual, but upon systems and principles, shall we continue to ignore such influences in our professional work and relations in Maryland, and go along as we have largely done in the past, every man for himself, or shall we come together as fellow workers under an organized leadership, and embrace the opportunities for self-improvement and development which contact and associated work can and will promote? I feel assured that the views which I have expressed will ultimately prevail and that this work will go forward until this Faculty has enlisted in its ranks every worthy member of the profession in this State.

Permit me now to refer to another line of work which should keep pace with a general organization of the profession in this State. I refer to the organization of local medical societies in the cities and counties throughout the State. The benefit of these local bodies upon the local profession is two-fold. In the first place they give a healthy stimulus and incentive to professional study and culture by encouraging the preparation of papers, the careful observation and record of instructive pathological and clinical conditions, and arouse an interest in medical work from a scientific as distinguished from a purely monetary standpoint. In the second place the ethical and personal relations of men engaged in the same work in the same community are smoother and more agreeable when such men are brought into closer contact and affiliation in an organization which has in view the good of its entire membership. The only practical difficulty in the way of the organization of such societies in different counties is the one which has to contend with the indifference and apathy of physicians towards such organizations. I hope to see the time come when the physicians on the Eastern Shore will embrace the opportunities for local organization which are clearly within their reach. There seems to me to be an urgent demand for such associated work

as is here suggested. On this Peninsula, at no remote geological period redeemed from the waters of the great Atlantic and noble Chesapeake, there are present conditions of climate and soil which invite the most earnest and careful study of the physician and scientist. If this section of this State is to become, as has been suggested, the great sanitarium and health resort for the invalid class of the great Atlantic and interior States of our country, so rapidly gaining in wealth and population, there are problems in climatology, in vital statistics and in clinical medicine which the physicians of this section must work out and elaborate. These are grave responsibilities, which, as physicians and as public spirited citizens, you must assume. Nor can you long postpone the consideration of such important lines of professional duty. The work before you and the opportunities which this work suggests and presents you should eagerly embrace. In no way can you more successfully prepare for such undertakings than by the organization of local medical societies in your counties. Such organizied bodies will at once give encouragement to habits of careful observation, will suggest lines of profitable investigation, and will stimulate such an interest in the study of your climate and local conditions as will open up to the knowledge of the medical profession at large and to the general public those advantages and gifts of nature which undoubtedly are enjoyed by the inhabitants of this hospitable and favored region.

May I hope that this meeting of this Faculty on the Eastern Shore will give a helpful stimulus to the physicians and citizens of this section of our State in the direction indicated and lead to the inauguration of such practical lines of work as will show to the outside world the rich blessings of climate and soil as are here offered for the relief of human suffering and for the cure of disease.

1125 Madison Avenue.

A CASE OF GOITRE AND ITS EXTIRPATION.*

BY PHILIP HELDRICH, M. D.,
OF ELMIRA, N. Y.

Mrs. R., married, aged 43, came under my observation in the fall of 1884, with a tumor on the neck, which I diagnosed goitre. The tumor was the size of a goose-egg, semi-elastic, not movable and with a smooth surface.

The growth was of years' standing, and did not inconvenience the patient until of late, when she perceived a sense of pulling or contracting in her throat during the act of deglutition or by taking deep inspirations.

The patient was then ordered to swallow to ascertain if the tumor was adherent to the trachea and to convince myself if the sensations my patient complained of were true or only imaginary. It revealed the fact that the tumor was adherent to the trachea. These tumors often surround not only the trachea, but adhere to surrounding structures.

Had I to deal with a benign or a malignant tumor ?

From an anatomical and clinical point of view we may classify the benign tumors as

1, Hypertrophy of the thyroidal gland, which is a rare disease. It is characterized by a uniform growth of the substance of the gland.

It is often congenital and creates not much discomfort in general.

2, The circumscribed or fœtal adenoma of the thyroidal gland. In this case we find in the gland structure embedded lobulated masses of varying sizes and of a reddish or white color. This mass consists of fœtal tissues. It developes mostly in boys and girls at the time of puberty.

3, The adenoma interacinosum of the thyroidal gland with a tendency to the adenoma gelatinosum and adenoma cysti-

*Read before the Academy of Medicine, Elmira, N. Y., Jan. 9th, 1890.

cum. In this case the vesicles of the gland enlarge on account of the accumulation of a gelatinous substance within and of the enlargement and dilatation of the ducts.

This form appears in the later periods of life. It also is reported to come to a marked development at the time of pregnancy and the climacterium. In the course of time the development of the growth is more irregular in outline.

As degenerative conditions I have to mention:

Hæmorrhagic cysts, fibroma and calcifications.

The malignant tumor refers mostly to carcinoma or sarcoma of the thyroidal gland or cartilage.

The adenoma papillaris is mentioned by some as a condition between the malignant and benign form of a goitre; it originates at times in the cysts themselves.

The history and general condition of the patient convinced me that the growth was of a benign character, although the patient complained of difficulty in deglutition.

In malignant tumors of the thyroidal gland difficulty in swallowing, and hoarseness caused by compression of the pharynx, œsophagus and the recurrent nerve are early symptoms.

In this case the tumor was of years' standing, without provoking any of these symptoms, and the general health of the patient at the time was good.

The patient refusing an exploratory puncture, made a differential diagnosis between a cyst and an adenoma interacinosum impossible.

I treated, therefore, the case with iodine inunctions, and failing there I used an ointment of binodide of mercury, 8 grains to the ounce, without producing the least effect.

During the following winter months I lost sight of my patient. In the early spring of 1885, the patient returned to my office, after having made the round of other physicians.

The growth had enlarged to nearly one-half its former size and grew more to the left side. To the touch it was semi-elastic, adherent. It annoyed the patient more than ever in deglutition. I diagnosed adenoma of the thyroid gland. After repeated and urgent requests to remove the growth, I consented to do so, although reluctantly at first, remembering well the remarks of Dr. Greene, full of sound sense and wisdom:

"I can not refrain from one word of warning to my younger brethren, whose ambition may make their fingers tingle, lest they should, in the light of those successful cases, be too easily tempted to interfere with those growths. It is, and always will be, exceedingly rare that any such operative interference is warrantable, never for relief of deformity or discomfort, merely only to save life, and if it is beyond all question, determined in any given case that such an operation gives the only chance for snatching a fellow-being from the grave, be it remembered that accurate anatomical knowledge and a perfect self-control under the most trying ordeals through which a surgeon can pass, are indispensable to its best performance."

With the kind assistance of Dr. J. E. Weaver and Dr. Jenks, the family physician, I operated in May, 1885, upon my patient.

I made a linear incision in the median line aboot $1\frac{1}{4}$ inches below the thyroidal cartilage, and about $2\frac{1}{2}$ to 3 inches in length. After exposing the tumor by dividing the fascia propria upon my director, my diagnosis of adenoma was confirmed; the tumor presenting an oval shape, having an elastic consistence, extended more to the left and around the trachea, being attached to the trachea and the anterior surface of the œsophagus.

The superior thyroidal artery presenting itself, was ligated without any trouble. Looking for the pedicle of the growth and the inferior thyroidal artery, I injured the capsule of the tumor itself, which caused an excessive hæmorrhage, the chief danger to be dreaded in this operation.

But in using my fingers to enucleate the growth I soon came to the pedicle, which I promptly ligated.

After detaching, with the handle of my scalpel, the band of tissue with which the growth was connected to the whole anterior of the œsophagus, I severed the growth from its pedicle.

The hæmorrhage I stopped shortly by sponges, squeezed out in hot water, made antiseptic by a 1 to 2,000 percent. solution of bichloride of mercury.

Having convinced myself that all the parts were in proper condition, I closed the wound with four silk sutures, and iodoform compress. After having the nurse instructed, I left my patient, but only to be recalled in haste within a very short time on account of a severe hæmorrhage of the wound.

On returning, I found my patient bleeding freely from the wound and very much exhausted.

The nurse left the room for a time, and, returning, found the patient bleeding after a vomiting fit. I hastily opened the wound and found the hæmorrhage coming from a little artery, probably one of the branches of the superior thyroid artery. After ligating it and closing the wound, I left. The wound healed quickly.

The operation relieved the patient from the deformity, the great discomfort and the constant irritation in the œsophagus caused by the adhesion and pressure os the tumor upon it and the trachea, and to-day my patient enjoys perfect health.

The growth consisted of numerous small saccules, communicating with each each other, and being merely separated by connective tissue, which contained a great number of blood-vessels. The saccules themselves contained a yellowish, brown, gelatinous substance.

My object in presenting this case for your consideration is simply to place it upon record, as it proves that the operation can be performed without fear of supervening myxœdema or any other constitutional disturbance.

272 Baldwin Street.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 19TH, 1890.

The 238th meeting of the Clinical Society of Maryland was called to order by the President, Dr. H. Woods, in the chair.

On taking the chair, the President addressed the Society, called attention to the good work accomplished in the past, and asked of its members more individual effort in the future.

Dr. George J. Preston exhibited a patient, the subject of a

COMPLETE MOTOR AND PARTIAL SENSORY APHASIA.

When first seen, abont a month ago, motor aphasia was complete and sensory nearly so. Now, considerable improvement is noticed. The speech, writing and visual centres are principally affected, and the auditory to a much less degree. There is no paralysis. no amnesia, and the general health is good. The trouble is probably of syphilitic origin. It is difficult to understand a lesion affecting so large an area which does not produce motor paralysis.

Dr. Osler said that these cases of mixed aphasia were both interesting and puzzling. Puzzling because of the difficulty in fixing the lesion. He recalls a case of sensory aphasia, as in the patient presented, with late motor disturbances, where the angular gyrus proved to be the affected area. The visual power in this

case should be further tested.

Dr. Preston cited the report of Allen Starr of 50 cases of pure sensory aphasia confirmed by autopsy. Word blindness existing without loss of vision has been found to depend on small lesions in the angular gyrus and auditory trouble from lesions in the posterior part of the upper temporal convolution. When a trephine is used in cases of combined auditory and visual troubles, it should be placed neither too far back nor front over the angular gyrus.

Dr. W. H. Welch made remarks upon the subject of

ARTERIO-SCLEROSIS,

and exhibited gross and microscopical specimens of this affection. He preferred the term arterio-sclerosis to endarteritis deformans, or to atheroma, as the affection is not primarily an endarteritis, and as atheroma designates only the degenerative changes. The principal factors usually assigned as causes of arterio-sclerosis are rheumatism, syphilis, chronic alcoholism, chronic lead poisoning, gout, chronic nephritis. Heredity and old age are the chief predisposing causes.

Dr. Welch described the pathological anatomy and histology of arterio-sclerosis, illustrating this with a large number of specimens. Attention was called to the presence of patches of small celled infiltration and granulation tissue in the adventitial and muscular coats in association with the fibrous thickening of the media, likewise to the frequent existence of obliterating endarteritis of the vasa vasorum, and to hyaline and other degenerations of the muscle cells of the media. The importance of distinguishing the diffuse and the nodular forms of fibrous endarteritis, and the readiness with which the diffuse form may be overlooked at autopsies, were emphasized.

Dr. Welch said that since the fundamental studies of Virchow, the investigations of Thoma, to be found in a series of articles in Virchow's *Archiv* since 1883, were the most important contributions to our knowledge of the etiology and nature of arterio-sclerosis. The arguments were presented, which tend to prove that the fibrous thickening of the intima in anterio-sclerosis is a compensatory process, developing under circumstances which have rendered the calibre of the affected vessel too wide in proportion to the calibre of the branches of the vessel. A disproportion in this sense between the lumen of a vessel and the combined lumen of the smaller vessels derived from it, results in slowing of the circulation. The disproportion in calibre may be caused either by a primary widening of the vessel, such as would follow a weakening of its muscular coat, or by a loss or narrowing of the smaller vessels derived from it, so that we can distinguish a primary and a secondary arterio-sclerosis. Specimens were shown illustrating these two forms of the disease, as well as the diffuse and the nodular varieties of arterio-sclerosis. Specimens were also exhibited in order to demonstrate the compensatory character of fibrous endarteritis, which showed that the fresh sclerotic plaques served to restore the normal shape of the lumen of the vessel. In order to demonstrate this feature, it is necessary to distend the vessels by injecting material to the calibre which they maintain during life. A very satisfactory material for the study of compensatory endarteritis, is to be found in syphilitic arteritis, where it can be demonstrated that the thickening of the intima corresponds to areas of destruction of the media by gummatous growths. Very erroneous impressions, however, are obtained as to the shape of the vascular lumen unless the vessels are injected.

This conception of the process of arterio-sclerosis is calculated to shed much light upon the manner in which we may suppose the various causes of the affection to operate. In primary arterio-sclerosis there is reason to believe that

the first change is a weakening of the muscular coat of the artery, and the causes which have been mentioned act by inducing an impairment of this coat, which is the one affording most strength to the vessel. In many, in fact in most cases of arterio-sclerosis it is possible to demonstrate alterations in the muscular coat corresponding to the fibrous endarteritis, but it is not necessary to suppose that this primary alteration of the muscular coat is one always capable of demonstration by our present methods. It is clear that the real damage to the artery at the onset of the disease, is the impairment of the muscular coat. and that the thickening of the intima so far from being the primary and essential part of the disease, is a compensatory new growth of connective tissue. It is the degenerative changes in the thickened intima which subsequently give gravity to this part of the disease.

After explaining the special conditions leading to the development of the nodular as distinguished from diffuse fibrous endarteritis, and to the localization of the process where branches are given off from arteries, Dr. Welch spoke of the relation between arterio-sclerosis, and the formation of aneurisms. He regarded it as an error to deny any relationship between these two affections.

It is the early stage of arterio-sclerosis when the strength of the muscular coat with its elastic membranes is impaired, in which there is the greatest danger of the formation of aneurism. At this stage the compensatory thickening of the intima is not advanced, and the artery is in a condition to suddenly develop an aneurismal dilatation under the influence frequently of some severe strain or exertion.

The secondary changes in the heart, kidneys, and other viscera resulting from arterio-sclerosis were considered. It is often these visceral alterations which give rise to the leading symptoms observed during life, but cases were narrated in which the symptoms were essentially circulatory, and directly referable to the wide-spread arterio-sclerosis itself.

In conclusion Dr. Welch expressed the hope that some member may bring before the society at a future meeting, the consideration of the diagnosis, symptomatology and treatment of arterio-sclerosis in order to supplement the remarks concerning the pathology and etiology of the affection. The descriptions of arterio-sclerosis to be found in text-books of medicine are, for the most part, extremely meagre and unsatisfactory, nowithstanding the frequency and importance of the disease.

In the

DISCUSSION

Dr. Osler said, that in young people the disease was particularly insidious, only being recognized by accident. He related a case recently seen of a young man only 29 years old, the perfect picture of health, in whose urine about three years ago a little albumen was accidentally found, and who now has well marked arterio sclerosis. These cases are not seen early, but usually at the end, the patient dying of apoplexy, lung œdema, or œdema of the glottis. He regards as singularly true the aphorism, "A man is only as old as his arteries."

Dr. I. E. Atkinson thought the clinical aspects of these cases very important. All have seen cases of individuals turned down by life insurance examiners in whose urine albumen is found, and where clinically nothing else is discoverable except perhaps slight overaction of the heart with increased arterial tension. These cases develope into arterio-sclerosis or may remain well for years. He related a case now well, where formerly both albumen and tube casts were found, but with no other symptoms. A changed normal nature, as an even tempered man becoming unaccountably irritable, is of considerable diagnostic importance in

these casas. He had examined repeatedly the urine of a man with such symptoms expecting albumen and casts, but finding none; when six months later they were found by an insurance examiner, and after two years the patient died of Bright's disease.

Dr. N. G. Keirle said that serious arterial changes are sometimes met with in the young; for example, a heart hypertrophy, associated with an enlarged but inelastic aorta. In these cases the hypertrophy is important; otherwise sudden death may result forom heart failure. On account of diseased arteries a young man may die from a blow which would make no impression on a healthy subject. In such a case, seen recently, from a blow on the head, a ventricular apoplexy had resulted, but without cranial fracture.

Dr. Harry Friedenwald then presented the Society a carefully prepared paper on

A CASE OF EXTENSIVE MASTOID DISEASE WITHOUT LOCAL SIGNS, ENDING FATALLY.

Dr. Woods said that an interesting question in the case was this: Was there not good reason to suspect deep-seated mastoid trouble as the cause of the head-pains, in spite of the absence of external inflammation? The man had an otorrhœa of several years' standing; there were polypi in the external canal, and occasionally pain was manifest on pressure over the mastoid. Usually when mastoid disease developes, there is an abundance of external symptoms. As a result, however, of long suppuration, secondary changes may occur, which will prevent a subsequent trouble deep in the bone from causing external symptoms. Buck, of New York, and Green, of Boston, have described a "condensing" process which goes on in mastoids which have once been inflamed. In his text-book, Buck states that this process is the result of the congestion, subacute inflammation, of the lining membrane of the mastoid cells which probably always exists with an otitis media; that this condensation may go on indefinitely, even after the tympanic suppuration has ceased; and partly or completely obliterate the air cells in the mastoid; that the bone between the antrum and the outside is apt to be denser than normal in cases of chronic ear suppuration; and, finally, that the chief danger from condensing mastoiditis is that in case of subsequent inflammation in the antrum, there will be no external symptoms, on account of the solidification.

As regards the present case, whether the bone had been condensed or not, it was certain that the external plate of the mastoid was thick and dense enough, and the mass fitting the opening, which was found sufficiently resisting to prevent the inflammation extending outward.

Inasmuch as the head symptome developed with manifest ear inflammation, it would seem natural to attribute them, as Dr. Friedenwald had done, to the ear disease. He thought, however, that when they did not yield to treatment directed to the ear, short of surgical, the history of the case called for an opening into the mastoid for probable disease there, rather than the trephining of the skull for cerebral abscess.

Dr. S. Theobald said that he believed in the prompt treatment of these cases by the liberal use of mercury. The improvement seen in Dr. Friedenwald's case under mercurial inunction confirms his own experience. Men of large experience are greatly at variance as to the advisability of operation in cases of mastoid troubles. He thinks many cases are unnecessarily operated upon. Early periosteal inflammations about the mastoid usually yield to mercury.

Dr. Welch thought that the symptoms described in Dr. Friedenwald's case could hardly be considered as those of a simple suppurative inflammation, but rather of the kind likely to be found with slow changes, as in tumor formations.

R. B. WARFIELD, M. D.,
Recording Secretary.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 22, 1890.

Editorial.

KOCH'S TREATMENT FOR CONSUMPTION.

When Koch first announced that he had discovered the bacillus tuberculosis, many croakers thought this discovery of little value, because the cure of the disdisease did not at once follow.

Now, according to reports from Berlin, the cure of tuberculosis will be an assured thing. Koch and his assistants have spent a long time in perfecting the experiments, and now he claims that the lymph which he prepares will, if properly injected according to his directions, stop the progress of the disease, and cure the case if not too late. Koch is such a careful man and has always been so cautious that what comes from him directly may be considered reliable. Garbled and uncertain reports in the daily press have forced him to write the progress of his work up to date.

It is very evident, from what he says, that some radical change in the treatment of this dreadful disease is at hand. The only danger is that ignorant men will use the remedy in the wrong way and bring it into discredit, or that unscrupulous persons will attempt to make capital out of the discovery by offering to give inoculations.

The best thing is to give the remedy a complete test in hospitals and not be too sanguine until more cases have been treated.

CAMBRIDGE MEETING OF THE FACULTY.

While the Cambridge meeting of the Faculty did not call out as many local visitors as the Hagerstown meeting, a year ago, still it is very certain that the effect of this meeting on the Eastern Shore will be felt for some time. The cordial and cheering address of welcome from Dr. A. H. Bayley, the very vigorous and manly words of the president, the papers, many of which were of unusual merit; all these facts tend to make the Cambridge meeting a success. And this, aside from the warm hospitality from the local profession, will not fail to draw the Eastern Shore in closer connection with the large number of physicians centred in Baltimore.

A very pleasing result of the Hagers-

town meeting was a telegram of congratulation from the Washington County Society to the members at Cambridge.

It is safe to say that the old State Society is taking a new lease on life and is making her great influence felt in all parts of the State. It remains to be seen what accessions to the ranks will take place at the next annual meeting.

Correspondence.

NEW YORK LETTER.

Editor Maryland Medical Journal:

DEARSIR:—A paper recently read before the Society of Medical Jurisprudence by Dr. E. C. Spitzka on the much discussed subject of Kemmler's execution by electricity, has awakened so much interest on this topic, that I cannot refrain from devoting a letter to its consideration. All are familiar with many of the sickening details of this execution, but this paper and the remarks which followed the reading of it, deal with certain points of especial interest to the medical profession, and also correct some of the erroneous impressions which had been scattered broadcast over the land by the sensational accounts in the newspapers. In introducing the subject, the author referred to the fact that the Society had taken the first steps in bringing about a reform in the method of capital punishment, and then spoke of the premature passage of the law establishing electrothanasia. He then gave a most vivid description of the death-chamber, and of the memorable scene there enacted, his object being not to excite simply a morbid interest in his listeners, but to present to the members of the medical and legal professions, a fair statement of both the advantages and disadvantages of the new method of administering the death penalty. As one listened to the speaker, it was not a difficult task to imagine Kemmler meekly assisting in all the preliminary arrangements for his death, and at the same time one could not keep away the thought which was afterwards noticed by some of the speakers, that the scene might have been much more appalling had the poor wretch not been so willing to aid those charged by law to take his life. Dr. Spitzka prefaced his detailed account of the observed phenomena, by the statement that it was his honest conviction that death occurred in the infinitesimal part of a second. The tetanic contraction which lasted during the seventeen seconds that the current was applied, was totally unlike anything of the kind which he had ever witnessed, and almost beggared description. It involved every fibril, giving rise to quivering as well as to rigidity, and was so violent that it was not difficult to imagine that, were it not for the victim being securely fastened, the bones would have been fractured. At the time of the application of the current, the doomed man was probably in a condition of "expectant inspiration"—or in popular language, had "caught his breath" —and this explained the escape of bubbles of gas through the thick mucus in the mouth. There was an imperfect erection of the penis with an emission of semen. Before the current was turned off the first time, there was a peculiar purplish area of congestion on the scalp and brow, having a serrated margin, and around the naso-labial fold, a distinct post-mortem hypostatic congestion was visible. It was at this time, that Dr. Spitzka announced that the man was dead, and the others, evidently of the same mind, began to sign the report as required by law. During the muscular contractions, the thumb had been driven into the finger, causing a slight wound, and while the witnesses were thus engaged, some one noticed that this wound was bleeding, and immediately exclaimed

that the man was not dead. A panic instantly followed, and during this excitement, Dr. Spitzka says he made the mistake of ordering the current reapplied. The convulsions which followed this second application were more like those seen in a galvanized frog when contractility is nearly exhausted. Seven or eight seconds after the final cessation of the current, there were explosions of intestinal flatus, and a profuse discharge of urine. The speaker said that one sign which had been positively asserted to indicate the existence of life, *i. e.*, the pallor and flushing caused by pinching and then relaxing the grasp upon the lobule of the ear, was distinctly present, and was observed by others as well as himself, even after the heart, lungs, brain, and spinal cord had been removed from the body.

He said that in the future, the highest obtainable voltage should be employed, and the current applied only for a brief period. This would lessen the chances of burning, avoid the revolting spectacle of convulsions, and would convince the public that death was really instantaneous. He had seen many hangings, yet he felt free to say, that notwithstanding the series of drawbacks attendant upon this first execution under the new law, it was a more decent and dignified vindication of the law than he had ever witnessed with hanging. Dr. Carlos Macdonald, who presented the official report of this execution to the Governor, then spoke of the unfortunate changes in some of the apparatus which had been made after the medical experts thought everything had been satisfactorily arranged. There has been so much dispute about the condition of things, particularly of the volt-meter, in the switch-room, from which even the medical witnesses were banished, that I wish to give Dr. Macdonalds's words concerning his attempt to examine this part of the apparatus. He said that he entered the room during the interval between the applications of the current, not knowing it was against orders, and recognized there Mr. Davis. Noticing that the incandescent lights were burning dimly, he said, "What is the matter with your current?" to which Mr. Davis replied, "There is something wrong down at the dynamo." At this juncture he was sent out of the room. Other speakers discussed the vexed subject of the varying resistance of the human body, and the Hon. William Barnes said that the possible struggling of the condemned person was a fatal objection to the method, and that it would eventually be abandoned for one like the guillotine, which had fewer "ifs" and "ands" in it.

BALTIMORE CONFERENCE OF MEDICAL FACULTIES.

Editor Maryland Medical Journal:

DEAR SIR:—The following note has been sent to the deans of the various medical faculties of this city and to the superintendent of the Johns Hopkins Hospital:

"Dear Sir:—I am directed by the Chairman of the Baltimore Conference of Medical Faculties to request that your Faculty (or Staff), appoint delegates to a meeting, which it is proposed to hold very shortly, in order to consider the status of the Baltimore schools with reference to the Nashville Convention, and to discuss the question of uniformity of action in the introduction of reforms, which were decided upon at that Convention. As all the medical schools took part in the inauguration of the successful reform movement, all will be invited and all will be expected to send representatives.

Yours respectfully,

EUGENE F. CORDELL, M. D.,

Secretary of Baltimore Conference of Medical Schools.

Reviews, Books and Pamphlets.

Diseases of the Eye. By EDWARE NETTLESHIP, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital; Surgeon to the Royal London (Moorfields) Hospital, etc. Fourth American from the fifth English Edition With a supplement on Examination for Color Perception. By WILLIAM THOMSON, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Duodecimo, 500 pages, with 164 engraving, test-types, formulæ and color-blindness test. Cloth, $2.00. Philadelphia, Lea Brothers & Co., 1890.

In addition to a careful revision of this edition, a very important supplement on color blindness has been added by the American editor, Dr. William Thomson. With this exception and the correction of some errors occurring in former editions, little else is to be noted.

A Manual and Atlas of Medical Ophthalmoscopy. By W. R. GOWERS, M. D., F. R. S., etc. Third edition. Edited with the assistance of Marcus Gunn, M. B., F. R. C. S., etc. Philadelphia: P. Blakiston, Son & Co. 1890.

A work that will make the general practitioner see the benefits of a thorongh understanding of the ophthalmoscope, will fulfil its mission. This book may not have been written for this object alone, but the condition of the retina as connected with the various diseases noted, shows what a broad and general knowledge the educated ophthalmologist must have. This book, now in its third edition, not only covers the field most thoroughly, but is illustrated with some very well executed cuts, and pages of chromo lithographs of the retina, thus making it indeed an atlas as well as a valuable text book. The paper and press work is excellent.

Dust and Its Dangers. By T. MITCHELL PRUDDEN, M. D., Author of "The Story of the Bacteria," etc. G. P. Putman's Sons. New York and London. 1890. Cloth. 16mo. Pp. 111. Price, 75 cents.

This little book written in a most attractive and entertaining style will not only be appreciated by intelligent laymen, but physicians may read it with profit. The dangers of dust, so rarely thought of, are much more imminent than many think. A careful perusal of this will give the medical attendant many a hint as to the avoidance of certain dangers, and especially the danger of inhaling dust containing tubercle bacilli. This book deserves a wide circulation.

The Physicians' Visiting List for 1891. 40th year of its publication. Philadelphia: P. Blakiston, Son & Co., 1890. For 25, 50, 75 and 100 patients, in one and two volumes, regular, interleaved, perpetual and monthly editions. Price according to size, from $1.00 and upwards.

This excellent visiting list has been before the public so long and is so universally popular that little can be added to previous notices, The only noticeable change this year is a revision of the list of new remedies. There is also the same objection to be made to the binding as was noted last year. The stitching is so light and the pocket is made of such perishable material that it does not last the twelve months' wear and tear of an ordinary practice. This criticism is only made in the hope that the publishers will see fit to strengthen this, the only weak point, in an otherwise excellent visiting list.

Dr. Charles Meigs Wilson has resigned the position of chief physician of the Philadelphia Lying-in Charity.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR OCTOBER, 1890.

BY JULIAN J. CHISOLM, M. D.,
Surgeon in charge.

Number of new patients for October	705
Number of new patients for ten months of 1890	9859
Attendance of patients during the month of October	2579
Number of patients seen each day of month	95
Number of operations performed during month	103
Among these were	
Cataract extractions	16
Cataract capsular	4
Iridectomies	3
External squint	1
Internal squint	8
Enucleation of destroyed eye-ball	7
Removal of tarsal tumors	4
Removal of foreign bodies from cornea	30
Extirpation of orbital cyst	1
Removal of conjunctiva for trachoma	3
Operation for ectropion	2
Operation for entropion	1
Operation for nævus	1
Pterygium removal	1
Removal of ceruminous deposits	17
Removal epithelium from nose	1
Removal of adenoid growths from throat	4
Removal of nasal polypus	1

Miscellany.

PURE WATER IN EGYPT.

The introduction of modern sanitation into Egypt is probably the most important of the benefits which have accrued to that country from English occupation. Peculiar difficulty has, of course, arisen with regard to water-supply, and it is interesting to learn that this difficulty has been successfully overcome, even at the base of the Great Pyramid. The Mena Hotel having lately been enlarged and improved, the architect, Mr. H. Tavarger, was determined to provide not only an abundant but a pure water-supply. Several borings have been successfully made, and the water so obtained, when analysed in the Khedival Laboratory, proved to be of satisfactory quality. But the quantity was insufficient, and a well, built of cement and bricks and strengthened with iron ties, has now been sunk. With the aid of the Worthington steam pump a supply which is practically inexhaustible has been obtained. For drinking purposes the water is supplied on the constant system, so that all risk of contamination in reservoirs is avoided.—*Lancet.*

FOR PAINLESS TOOTH EXTRACTION.

The following is recommended (*Pharm. Era*, Oct., 1890):—

℞.—Cocain. hydrochlorat.,
Morphiæ sulph.,
Chloral hydrat.,
Acid. carbolic, āā gr. x
Aquæ rosæ, f ʒ x. M.

Dissolve and inject with hypodermic syringe into the gums.—*College and Clinical Record.*

HYDATID CYST OF THE MAMMARY GLAND.

M. Dubrueil, of Mentpellier (*Revue de Chirurgie*, May, 1890), read notes of a case before the Société de Chirurgie, Paris. A woman, aged 44, suffered for two years from an indolent tumor of the breast. Two months before observation the swelling began to grow very rapidly, and became painful. The superjacent skin was healthy. An exploratory incision was made, and a purulent fluid mixed with hydatid membrane escaped. The cavity was emptied completely and

washed out with boracic acid and with a solution of nitrate of silver. Two months later the breast had completely healed. M. Dubrueil considers that this method of treatment is the best, as the scar which remains is small. When the entire sac is dissected out, or rather when that feat is attempted, the cicatrix, which forms after cure is extensive. —*Brit. Med. Jour.*

PALATABLE CASTOR-OIL MIXTURE.

In the following preparation of castor-oil, the disagreeable taste of the oil is replaced by a pleasant flavor of almonds:

℞.—Castor-oil,	30 parts.
Bitter almonds,	2 "
Sugar,	30 "
Gum tragacanth,	½ "
Orange-flower water,	10 "
Water,	120 "

Mix.

The only drawback to this mixture is that it requires a good deal of it for a dose, a teaspoonful of the oil being contained in about five teaspoonfuls of the mixture.—*Medical Record.*

FOR CHAPPED HANDS.

Dr. Steffen, of Regensdorf (*Health Monitor*), recommends the following:—

℞.—Menthol,	gr. xxiss
Salol.,	gr. xxx
Ol. oliv.,	ʒ ss
Lanolin.,	℥ iss. M.

Fiat unguentum.

Sig.—Rub into the hands twice daily.

Another application, suggested in the *Jour of Cutan. and Genito-Urinary Diseases*, is the following: Dissolve boric acid, 1 part, in glycerine 24 parts, add to this solution anhydrous lanoline 5 parts, and vaseline 70 parts. The mixture may be colored and perfumed. —*College and Clinical Record.*

RAILWAY READERS.

A contemporary recently stated that a French medical practitioner has been collecting statistics with regard to those of his patients who complain of nervous affections, and has come to the conclusion that all the evil proceeds from the practice of reading in the train. We can hardly accept this view. Many thousands of business men have no other time than the half or three-quarters of an hour to learn the state of the markets, the last move in the politics of the great Powers, general news, and the various items that make up the ordinary contents of a morning or evening paper, and it would hardly appear that the duration of the cause is sufficient to produce the effects assigned to it, whilst the majority of people travel too rarely and read too little to suffer at all. Our contemporary suggests that a paper with specially large type should be printed for the use of travellers by rail. We fear it would prove of little service. We suggest that all carriages should, as a general rule, be supplied with a better light.—*Lancet.*

INJECTIONS FOR THE RELIEF OF LABOR PAINS.

In the *Revue Général de Clinique et de Thérapeutique*, September 3, 1890, the following prescription is given for this purpose, it having given satisfaction in the hands of Bousquet, of Marseilles:

℞.—Antipyrin,	75 grains.
Hydrochlorate of cocaine,	1½ "
Distilled water,	5 drachms.

This is to be injected into the vagina in the earlier stages of labor.—*Medical News.*

CURE FOR HEADACHE.

The late Dr. George M. Beard devised a mixture which he employed successfully in headaches of all kinds, and which has lately received the endorse-

ment of Dr. E. P. Hurd in his Monograph on Neuralgia (*St. Louis Med. and Surg. Journal.*) The prescription is as follows:—

℞.—Caffein. citrat.,
Ammonii carb., āā ℈j.
Elixir guaranæ f ʒ i.
M.

Sig.—A tablespoonful every hour till the pain is relieved.

The continuous use of the drug does not seem to produce any harm.—*College and Clinical Record.*

DIABETIC COMA.

Dr. R. Schmitz, of Neuenahr, in Germany, has had a large experience in the treatment of diabetes, and therefore his opinion on diabetic coma is to be regarded with interest. He states that under the term "diabetic coma" two distinct conditions are to be recognized, both of them serious and somewhat similar at first glance, but entirely different as regards their pathology, and requiring different modes of treatment. The first is simple collapse, with coma; the second is an auto-infection, and is diabetic coma properly so-called. By most observers it is ascribed to the condition of acetonuria. The collapse is the result of weakened heart power, brought about by an excess of sugar in the blood causing a general degeneration of the muscular tissue throughout the body, in which the heart participates. During collapse there is marked cyanosis, the respiration is quickened, the pulse is generally about 68 to 72 a minute, the temperature is not raised, the heart's beat is almost imperceptible, and the first sound can scarcely be heard. The treatment of this condition, according to circumstances, is prophylactic or active. If the cardiac degeneration is recognized before collapse occurs, the patient must be particularly warned against any violent exertion, cardiac depressants (such as the bromides or antipyrin), must be avoided, but in addition to the ordinary diabetic treatment a little alcohol should be added to the diet, and the patient should be out in the fresh air as much as possible. During the actual attack stimulants must be employed, of which the best are black coffee, castor oil, and hypodermic injections of camphor and musk. In true diabetic coma there are generally well-marked prodromal symptoms—complete loss of appetite, somnolence with unrefreshing sleep, &c. The tongue becomes coated and dry, the breath very fetid. When coma sets in there is fever (100° to 102° F.), respiration and pulse are quickened, the former rising to 45 and the latter to 130 a minute. There is much epigastric pain, but there is no tenderness. The diagnosis is easy and is based on the epigastric pain and rise of temperature (both of which are absent in the first form), on the negative result from an examination of the heart, and on the rapidity of the onset of the coma. The treatment is directed to the removal of the toxic material, which Dr. Schmitz considers accumulates in the intestine. He consequently advises frequent doses of castor oil, even if diarrhœa be already present. He orders half an ounce every hour until a full evacuation is produced, and states that he has had excellent results from this method of treatment. —*Lancet.*

TREATMENT OF IMPOTENCE.

Prof. Roberts Bartholow recommended in cases of *impotence* the following:—

℞.—Zinci phosphidi, gr. ij
Confect. rosæ, ℈ j. M.
Ft. massa et div. in pil. xxiv.
Sig.—One to three pills thrice daily.

Or—

R.—Ferri arsenitis, gr. v.
Ergotini (aq. ext)., ʒ ss. M.
Fiant pil. xxx.
Sig. One night and morning.—*College and Clinical Record.*

AUTOPLASTY FOR LARGE ULCERS OF THE LEGS.

At a sitting of the Academy of Medicine of Paris, held on October 14th, M. Berger presented (*Progrès Médical*, October 18th) two patients in whom he had treated extensive ulceration of the legs by a modified form of Italian autoplasty with complete success. The first case was one of circular ulcer, probably of syphilitic origin, with retraction of the subjacent tissues to such an extent as to have caused annular constriction of the leg, and with trophic disturbances of the skin, œdema of the foot, tendinous contractions, and complete immobility of the articulations of the foot and ankle. As a result of four operations performed in the course of eighteen months, the ulcer was quite closed, and the whole of the circumference of the limb covered with normal skin. This was effected by taking four flaps from the thighs and the opposite leg. The average length of the interval before severing the pedicle was twenty-one days. The trophic troubles disappeared, and the patient regained his capacity for free and normal movements. The second patient suffered from intractable ulcers of both legs situated in the midst of extensive scars from burn. One of these ulcers was covered by a flap taken from the corresponding thigh, the leg being kept in the semi-flexed position until the pedicle was divided. The result, it is stated, could not have been better. The aim of M. Berger in this treatment by autoplasty is not only to obtain a firm scar, but also to furnish the limb with normal skin together with subjacent cellular tissue. At the same time further cicatricial retraction is prevented by the excision, not only of the ulcer itself, but also of the deep-seated parts on which it rests. Neither Reverdin's grafts nor the larger grafts of Thiersch give a result of this kind. It is a condition of success that the limb from which the flaps are taken should be quite sound, and, therefore, this treatment is not adapted to cases of varicose ulcer.—*Brit. Med. Jour.*

TUBERCULOSIS OF THE PERITONEUM.

In the *Deutsches Archiv für klinische Medicin*, xlvi. Hefte 3 und 4, Vierordt, whose researches on tuberculosis of the serous membranes are well known, sums up the results of his investigations thus:—1. Subacute chronic imflammation of the peritoneum is very commonly tubercular. 2. In any single case of chronic peritonitis, of which the etiology is uncertain, one must bear in mind the possibility of tuberculosis. 3. Peritonitis of a non-tubercular character can exhibit symptoms (hectic, wasting condition of abdomen, concomitant affections of other serous membranes) precisely similar to those exhibited by tubercular disease. 4. Therefore, one cannot at once designate a case of chronic peritonitis as tubercular, even if it does exhibit these peculiarities, or even if the characteristic intervals of apparent convalescent, so often seen in the tubercular form, are observed. 5. That tubercular peritonitis can be cured by rest in bed, suitable diet, and other treatment is certain; but if after a full trial of such treatment no improvement occurs, before the strength of the patient has seriously suffered laparotomy should be performed. Simple puncture is of no avail. 6. In considering the advantages of laparotomy distinction must be drawn between incision, with removal of the exudation, and more extensive operations. 7. A simple incision is often successful in suitable cases; such are cases of peritonitis, in which the inflammation has spread from serous membrane (more especially the pleura), and in which the disease in the first membrane attacked is progressing favourably. 8. Even if there is an active tubercular process progressing in the pleura or pericardium an incision is often beneficial. 9. In all cases it should be a rule, when an incision into the abdomen is made, that a small piece of tissue should be removed for microscopical examination or, if possible, for inoculation experiments.—*Lancet.*

STERILIZATION OF RUBBER CATHETERS.

Dr. Alapy (*Annales des Maladies des Organes Génito-urinaires*, July. 1890) describes a new method of effecting the sterilization of these instruments, which possesses, he asserts the merit of being very effective, easy to carry out, and harmless to the instruments. After drawing the attention to the effects of various antiseptics, such as carbolic acid, sublimate, etc., and heat as ordinarily applied, he goes on to describe his own plan, which practically consists in wrapping up the instruments, not more than three or four in a packet, in ordinary blotting paper, the ends of which are just twisted up. These packets are then placed in glass tubes, the mouths of which are sealed with a plug of cotton wool. The glass tubes are exposed for half an hour to ordinary steam, that is, to a temperature of 100° C. The packets of blotting paper are then removed, and kept in a drawer or box till they are required for use. They remain sterilized for any length of time provided the paper is not opened, as is shown by the fact that they are incapable of infecting either sterilized bouillon or sterilized urine.—*British Medical Journal.*

Medical Items.

Dr. H. W. Owings, a well known physician of this city, died a few days ago.

The new building of the New York Academy of Medicine was opened with appropriate ceremonies last Thursday night.

Physicians from New York, Boston, Philadelphia and other places are going to Berlin to study Koch's method of treating tuberculosis. Dr. A. C. Abbott, of the Johns Hopkins Hospital, left last Wednesday for Berlin.

At a called meeting of the Gynæcological and Obstetrical Society of Baltimore, held at the house of Dr. H. P. C. Wilson last Thursday night, Dr. Dudley, of Chicago, was present and read a paper. A reception followed, to which only the members of the Society were invited.

The Paris Municipal Council has decided to establish an asylum for women certified by the medical staff of the municipal dispensary to be suffering from venereal disease. This establishment is to be altogether distinct from the St. Lazare prison and from the ordinary penitentiaries.

The newspapers reported from Vienna on September 19, that the body of a woman named Goeda was exhumed at Szegedin that day for the purpose of an autopsy. When the coffin was opened it was found that the woman had been buried alive and that she had given birth to a child in the coffin.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the secretary of the college, Charles W. Dulles, M. D., on or before May 1, 1891.

It is reported from Paris that the Conservatives have commenced a movement for the reinstatement of the Sisters of Mercy in the Paris hospitals. A committee has been constituted to hold meetings in all quarters of Paris, with the object of obtaining the expression of public opinion on the subject. At the meetings politics are to be entirely eschewed, the humanitarian and financial sides of the question being alone treated.

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CONTENTS

ORIGINAL ARTICLES.

Determination of the Sanitary Conditions of Drinking Water with Reference to Typhoid Fever. By H. U. Onderdonk, M. D., of College of St. James, Md. 89

Aseptic Surgery, with Reports of Several Cases. By O. H. Williams Ragan, M. D., of Hagerstown, Md. 93

Eczema. By H. E. Knipp, M. D., of Baltimore. 96

SOCIETY REPORTS.

Washington County Medical Society. Stated Meeting held Nov. 12th, 1890. Determination of Sanitary Conditions in Reference to Typhoid Fever. Aseptic Surgery. Practical Lessons from a Recent Case of Strangulated Hernia. 100

EDITORIAL.

The Relation of Gonorrhœa to Renal Diseases. 101
The Early Recognition of Typhoid Fever. . 102

REVIEWS, BOOKS AND PAMPHLETS. . . . 102

CORRESPONDENCE.

Ophthalmology in Germany: . . . 103
Physician's Mutual Aid Association. . . 107

MISCELLANY.

Tubercular Cirrhosis of the Liver.—Pulsating Liver.—The Diagnosis of Pulmonary Cavities.—Treatment of Hysterical Fits.—Galvano-Cautery in Purulent Ophthalmia. . . 107

MEDICAL ITEMS. 110

Original Articles.

DETERMINATION OF THE SANITARY CONDITIONS OF DRINKING WATER WITH REFERENCE TO TYPHOID FEVER.*

BY H. U. ONDERDONK, M. D.,
OF COLLEGE OF ST. JAMES, MD.

When a physician has one or more cases of typhoid fever on his hands, he begins to look about him for the cause. Probably the first object of his suspicion is the water that his patient or patients have been accustomed to drink. Yet, until his suspicions are confirmed, he will hesitate about ordering the closing of a well in cases where it would be a matter of great inconvenience to obtain water elsewhere. It is the aim of this paper to point out a few simple methods by which this suspicion may be confirmed or dispelled.

It is the current opinion that the determination of the sanitary condition of water must be left to the analytical chemist with his well equipped laboratory. So it must be if we seek an accurate quantitative analysis. But although it is no easy matter to so simplify the methods of water analysis that they may be readily used, and give accurate results, I believe that by a careful and patient application of the methods brought forward in this paper, any intelligent person may arrive at an approximately correct idea as to whether or not a given example of water contains the factors necessary to the production of typhoid fever.

It is not claimed that in all cases these methods will indicate infallibly the conditions which would enable us to predict the occurrence of typhoid fever from the

*Read at the Fourth Meeting of the Washington County Medical Society, held at Hagerstown, Md., November 12th, 1890.

use of a certain water, but having given a case of typhoid, these tests are useful in determining whether or not the disease has been caused by the water of a certain well. However, it will appear that the tests to be given will sometimes indicate the approach of a dangerous condition, which at the time of examination may not exist.

There are certain substances which may be found in good water in small quantities. In these cases they are generally of inorganic origin. Yet, when these substances exceed a certain amount their excess is due to contamination from organic matter, and this excess affords evidence of a dangerous condition of the water.

These substances are chlorine, in the form of chlorides, and nitrogen, in the form of ammonia, nitrites and nitrates. Their excess shows that the water is polluted by connection with cess-pools and the like, or by decomposing animal matter from whatever sources. They are not themselves the sources of danger, but are the danger signals. If a typhoid fever patient has been accustomed to drink the water from a well which contains more than one of these substances in quantities beyond their normal limits, we may reasonably conclude that the cause of his sickness lies in that water, and may infer that others using the same well are in danger of the same affection.

After mentioning briefly the significance of these substances, I shall proceed to give the methods for their detection.

CHLORINE.

Common salt being one of the most widely distributed substances in nature, and chlorine being one of its constituents, we are apt to find chlorine in any natural water. In good water it may be present to the extent of ½ to 1 grain per gallon. Some of our waters, which I have examined and found free of organic matter, have contained something less than 1 grain per gallon. Then, when the amount of chlorine exceeds the natural limit for a certain locality, it is a strong indication that the water has received contamination from cess-pools, drains of sinks, or the excreta of animals, all of which are strongly charged with sodium chloride. Of course, no reference is here made to waters near the sea, or in districts where salt springs abound, for in these districts the drinking water may contain as high as 10 grains to the gallon of chlorine, and none of it derived from any source of pollution. However, in our neighborhood, we may eliminate both the sea and salt springs. Then, if we find more than 1 grain of chlorine to the gallon, we should not hesitate to pronounce such a water as dangerous. It is true that water may contain salt that has come from filth without containing the filth itself. In such a case, one of two conditions exists: Either filth may have had access to the well, and have become thoroughly decomposed, while the salt remains, or filth may be at such a distance from the water supply that nothing but its salt is washed through the intervening earth. Both conditions call for a closing of the well, for in the one case, another flow of filth may occur, and in the other, the soil may become so impregnated with it that it may at length find its way to the well.

AMMONIA.

In the water of rivers and streams, ammonia may be found to the extent of 1 part in ten million, while perfectly pure spring or well water shows the merest traces. This ammonia is derived from the atmosphere through the agency of rain. When the amount of ammonia is greater than 1 part in ten million, the excess is due to the decomposition of animal organic matter. In water analysis, we deal with two kinds of ammonia: "free" and "albuminoid." The free ammonia is that which is produced by the natural process of decomposition of nitrogenous matter contained in the

water, and its amount shows how extensively such decomposition is going on. The free ammonia is easily detected. The albuminoid ammonia results from producing rapid decomposition by artificial means. It measures the amount of organic matter present which may decay, and is what would be produced naturally in the course of time. Unfortunately, the determination of the albuminoid ammonia requires special apparatus, and is therefore beyond the scope of this paper; but experience shows that whenever a certain amount of free ammonia is present in well-water, an excess of albuminoid ammonia always exists.

It is safe to conclude, that a water which contains free ammonia in excess of 1 part in ten million is unsafe. In such case the free ammonia is usually derived from the change of urea into carbonate of ammonia. A water so contaminated has been called by an authority, "diluted urine in a recent condition." Such a water will also be found loaded with chlorides.

NITRITES AND NITRATES.

These may exist in good water to a certain extent, and their presence is important, only when they result from decomposition of organic matter. Therefore, when we detect their presence, it is necessary, by the concurrence of other evidence, to determine whether they result from pollution or not. But it may be said generally, that if more than a mere trace of one or the other of these substances occurs, the water is polluted by some animal matter.

For our present purpose, the occurrence of the nitrites is of more importance than that of the nitrates, as the presence of the former is an indication of a recent pollution, or of a source of contamination near at hand, while that of the latter alone points to a past pollution, showing that there has been time for the complete oxidation of the nitrogenous material, or else that the source of pollution is at such a distance that the nitrites have been oxidized to nitrates before reaching the well. In this case there may be danger in store for the future, as the soil around the well may in time become so saturated with filth as no longer to act as a filter to retain the hurtful matter.

THE TESTS AND THEIR APPLICATION.

For the practical application of the several tests, no apparatus is required, beyond what may be obtained in any household, and the chemicals needed may be obtained at any drug store.

THE TEST FOR CHLORINE.

To test the presence of chlorine, we prepare a standard solution of common salt, made of such strength that each drop will contain $\frac{1}{32}$ of a grain of chlorine. Although this solution is used in but small quantities, it is better to prepare a large volume of it, as by so doing errors in weighing are greatly reduced. To make the solution, dissolve one ounce (480 grains) of common salt in 19½ ounces of clean rain-water. A simple calculation will show that this solution will contain $\frac{1}{32}$ of a grain of chlorine to each drop, reckoning 480 drops to the ounce. We may also prepare a weak solution of nitrate of silver, by dissolving one or two grains in an ounce of pure rain-water. There is little danger of having this solution too weak. Finally, we make a solution of bichromate of potash in rain-water; its strength is not important.

To apply the test, put four ounces of the suspected water in a clean white saucer or china cup, and add enough of the bichromate of potash solution to give it a distinct yellow color. Then add a drop of the silver solution, a red color is produced where the drop strikes, from the formation of chromate of silver. This red color is quickly destroyed if there be much chlorine in the water.

Continue to add the silver solution drop by drop, allowing each drop to form slowly, counting the drops and stirring the water after each addition, until it assumes a faint reddish tint. The occurrence of this reddish tint indicates that all the chlorine has been precipitated.

Next, put four ounces of pure rain-water into another saucer or cup, color it with the bichromate of potash, as in the case of the suspected water, and add to this one drop of the standard solution of common salt, dropped from a one ounce bottle, allowing the drop to form slowly as before. This four ounces of water now contains $\frac{1}{32}$ of a grain of chlorine, which is equivalent to one grain per gallon, the allowable limit. To the water thus prepared add the nitrate of silver solution, taking the same precaution as before in regard to dropping, and count the drops until a reddish color is produced. If it has required more drops of the silver solution to produce the reddish color in the suspected water than in the water prepared for comparison, the water tested contains more than one grain of chlorine per gallon.

To give a concrete example, suppose the water under examination has required 15 drops of the silver solution to give the red color, while the water prepared for comparison has required but 10 drops, then, as these 10 drops represent one grain of chlorine per gallon, the 15 drops represent $1\frac{1}{2}$ grains. It may be seen that if the silver solution be made weak enough, we may arrive at an approximately correct idea of the amount of chlorine in the water. The result at any rate, will be sufficiently near the truth for our present purpose.

DETECTION OF FREE AMMONIA.

Prepare an ounce of a nearly saturated solution of corrosive sublimate, and also an ounce of a strong solution of carbonate of soda. Make both solutions with distilled water, or pure rain-water well boiled.

Fill a clear glass tumbler with the water to be examined, and place it on a black surface in a good light. Add a single drop of the corrosive sublimate solution, followed by a drop of the soda solution in the same place. Let the liquid stand without stirring. Look down through it, and if ammonia is present even in a minute quantity, a white cloud may be observed near the bottom of the glass, where the drops have passed, which, after a while will settle on the bottom, covering it completely or in part. If much ammonia is present, the reaction will be very marked and immediate. Less ammonia requires more time, and the reaction is less pronounced. It is claimed for this test that it will detect free ammonia when present in water to the extent of one part per million. Hence, if water shows the reaction given above, it is far from the standard of purity, the normal limit being one part in ten million. A reaction will then show the presence of at least ten times as much ammonia as a good water should contain. But as the limit of this test is one-millionth, it is evident that the water may contain too much ammonia, and no reaction occur. To overcome this difficulty we resort to distillation. It is clear that if we put all the ammonia contained in ten parts of water into one part of water, and apply the test and get the reaction, the water contains ammonia in the proportion of at least one part to ten million. The process of distillation, by which this collection of the ammonia in a small volume of water is brought about, may be made an exceedingly simple one.

Put five pints of the water in question into a tea-kettle large enough to allow the level of the water to be somewhat below the spout. Wrap two or three towels around a large fruit jar or a pitcher, covering the sides and bottom well, and support it in a nearly horizontal position, so that the spout of the kettle shall be in the mouth it. Keep the towels well wet with cold water and bring the kettle to a boil. The cold water must be constantly poured upon the towels during the whole time the

kettle is boiling. When a half-pint, or one-tenth of the water has come over, the process should be stopped, and the water tested as above. If no reaction should occur after the lapse of five minutes, it may be said that the water is sufficiently free of ammonia; but if there is a pronounced and instantaneous reaction, the ammonia is greatly in excess.

DETECTION OF NITRITES AND NITRATES.

The test for the nitrites depends upon the reaction of these bodies upon the iodides in the presence of sulphuric acid. Iodine is liberated and is made manifest by the blue color it imparts to starch, due to the formation of iodide of starch.

To make the test there is required some starch paste made in the usual way, but rather thin, to which is added a solution of a few grains of iodide of potassium in a little water. Also, there must be at hand a little sulphuric acid.

To a tumbler of the suspected water add about a half a drachm of the starch preparation, and then a drop of sulphuric acid. If more than a trace of nitrous acid is present, a blue color is produced in the water almost at once. It is claimed that this test will show, in a few seconds, the presence of nitrous acid in water, should the water contain only the one hundred thousandth part of the acid, and within a few minutes it will reveal less than one millionth part of it. If, at the end of a few minutes no blue coloration is noticed in the water, it may be safely said that there are no nitrites present due to decomposition.

If no nitrites are detected, proceed to test for the nitrates, as follows:

Put about an ounce of granulated zinc with a pint of the water to be tested into a small porcelain-lined, or agate-ware sauce-pan, and boil until the bulk of the water is reduced one-half. The effect of this treatment is to reduce the nitrates, should any be present, to nitrites through the deoxidizing agency of the zinc. The boiled water is then tested in exactly the same way as described for the nitrites. Before applying the test, however, the water should be allowed to cool and settle, and the test applied to the clear portion after decanting it from the sediment.

If in testing for nitrites or nitrates, the reaction should be prompt and well marked, those substances are present in quantities sufficient to indicate a dangerous condition of the water, and their presence gives us confirmatory evidence of contamination, when the tests for ammonia and chlorine have not been well marked enough to allow us to make a reasonable estimate of their quantities.

I think that the few tests that I have just given are sufficient in most cases to reveal the character of waters so polluted, as to immediately be a cause of typhoid fever.

In presenting these methods, I lay no claim to originality, but I have found them so reliable, simple, and easy of application, that it has occurred to me that I would be doing some little service in attempting to make them a little more widely known.

ASEPTIC SURGERY, WITH REPORTS OF SEVERAL CASES.†

BY O. H. WILLIAMS RAGAN, M. D.,
OF HAGERSTOWN, MD.

To us as medical men the aseptic and antiseptic methods present an incongruous chaos of seemingly contradictory and often incomprehensible detail, arbitrary and varying according to the predilections or whims of this or that teacher.

Yet the principle involved is based on the correct observation of a common biological process—namely, that of the decomposition of organic substances. The

†Read at the Fourth Meeting of the Washington County Medical Society, held at Hagerstown, Md., Nov. 12th, 1890.

well-known methods employed since the earliest dawn of civilization for the preservation of organic, especially animal substances, are based upon the empirical yet correct appreciation of the causes of putrefaction, and the practical adoption of these methods to the healing of operative or accidental wounds contains the whole essence of the new surgery.

Evils that former generations of surgeons deplore, but could not effectually combat, such as septicæmia, pyæmia, gangrene and erysipelas, have been much abated as a direct consequence of a clear understanding of their essential nature and causation, and by the successful employment of the preventive methods of the present day, surgery has become a conservative branch of the healing art.

Albuminoid substances, such, for example, as blood or blood serum—in fact, all the tissues of the dead animal body will become putrid under certain well-known conditions.

These are moisture, warmth, and the presence of living organisms, or fungi, better known under the names of *bacteria* and *micrococci*.

If all these factors are present the animal substance in question will ferment or putrefy. Absence of any of these factors will prevent decomposition.

Modern wound treatment, then, is based entirely on the old and well-known principles of the preservation of organic substances. Of the several modes of preservation, freezing is the only one that is inapplicable in human surgery. Exsiccation, however, and burning with the actual cautery (wasting), then chemical sterilization by germicides, and the combination of chemical sterilization, with exsiccation, contain the principles of aseptic surgery.

They insure wounds against decomposition and are a secure prevention of suppuration. We have not the time to enter into the details which, strictly speaking, constitute aseptic and antiseptic measures.

The aseptic form of treatment being that in which a fresh or clean wound has to be managed in order to prevent its septic infection, consequently this method in purely a preventive one. While on the other hand antiseptic treatment refers to such wounds as have become the seat of infection, causing inflammation, suppuration, or the higher forms of sepsis, phlegmon and gangrene.

H. W., aged 47, Feb. 23rd. Received telegram from train master S. T. R. R. to meet H. W., locomotive engineer who had been severely scalded in a wreck; met him as requested and accompanied him to his home, he having had no attention; found face, neck, ears and hands badly scalded over their entire surface, the only skin about the parts not injured was that back of his ears, and the creases at outer canthi, which were caused by his having closed his eyes tightly when the collision occurred. In jumping from his cab window he struck the bank of clay with his nose, chin, palms of hands and wrists, completely denuding these parts, already blistered and macerated by contact with the escaping steam, of their skin, and filled the surfaces with grit and dirt. Morphia was administered to relieve the pain, and brandy to modify the intensity of the shock. Having cleansed the parts in which were imbedded the particles of grit and dirt by applying sublimated cotton to them, pressing firmly so that the dirt would attach itself to the fibre of the cotton, and after several times applying the cotton in this manner succeeded in removing all of the dirt, after which the parts were freely bathed with bichloride solution 1-3000; then dried as thoroughly as circumstances would permit. The entire surface of face, ears and neck were covered with a coating of collodion and castor oil equal parts with half a drachm of iodoform to each ounce of collodion used; this was applied thickly at first by means of camel's hair brush and as soon as one coat congealed another applied until six coats were applied, and an additional coat each morning until the fourth day. The hands and wrists were thoroughly bathed with the sublimate solution as was the

face, but instead of using the collodion with castor-oil and iodoform, an ointment of iodoform of the strength of one ounce to half a pound of cosmoline was used. This was applied on small pieces of crinoline 2x4 inches and placed on patch after patch until each finger had its own envelope and the rest of the injured surfaces entirely covered, after which the hands and wrists were wrapped in sublimate wool and the whole enclosed in oil-silk. On the second day this patient had a temperature of 101°, after which it gradually fell until the 4th day when it became normal and so remained. The mask came from the face, ears, and neck on the nineteenth day and with it all remnants of scald leaving the surfaces entirely covered with healthy skin which though sensitive was perfect. To this sensitive surface was applied, several times daily, a lotion containing an ounce of glycerine to a pint of saturated solution of boric acid, until the skin became firm and lost its sensitiveness. The dressings remained on the hands for three weeks, and when removed the skin was found in same condition as that of the face, and treated with same lotion.

We are familiar with the fact that when an open wound heals by scabbing, that the epidermis spreads over the tissues without the intervention of the process of granulation, owing to the protection afforded them by the crust of blood and lymph which has formed upon the wound. In this case we have rendered the wound *aseptic* and placed on it an artificial scab or crust, and by thus aiding nature to make her repairs have gotten the results as given.

Case II. Mrs. W., aged 48; Nov. 18, 1889. Atheromatous tumor on right shoulder size of large hen egg. After thoroughly cleansing the parts, tumor was removed by incision five inches in length; difficult extirpation by reason of adhesions due to repeated inflammations resulting from knocks and injuries to tumor, which was said by patient to be always in the way, and that she never hurt herself abou any other part of her body; several small arteries ligated with catgut, cavity thoroughly washed with bichloride solution, and then with boiled water as hot as the hand could stand, until all venous oozing ceased. Small drainage tube inserted, wound closed with catgut sutures, line of incision well covered with finely powdered iodoform, and over it several layers of iodoform gauze, then sublimate wool, and the whole retained by proper bandages.

Nov. 23. On changing dressings, it was found that the interior of the wound was distended by a large blood-clot, giving an appearance as though the tumor had not been removed. Bloody serum was discharging through the drainage-tube. Dressings were renewed.

Nov. 28. Tumor greatly diminished in size; drainage-tube removed and dressings renewed.

Dec. 3. Dressings removed; wound firmly healed and the parts otherwise normal. No rise of temperature at any time during treatment. In this case venous hæmorrhage had undoubtedly taken place into the cavity of the wound, the distension, however, not being sufficiently great to produce a rupture of the line of sutures. The clot was rapidly absorbed and the wound healed, not by primary adhesion, but without suppuration. If this wound had not been aseptic, putrefaction of the clot and dangerous septic processes would have inevitably followed.

Case III. W. S., aged 37, May 28th, compound fracture of leg. Leg thoroughly cleansed, displacements reduced, and the points of laceration completely irrigated with bichloride solution, 1-2000. Punctures, largest made by tibia 1½ inches long and gaping, filled with finely powdered iodoform, and covered with iodoform gauze, wool and oil-silk. The leg placed in Smith's posterior splint and suspended. June 4th, dressings removed and no suppurative trouble found; renewed dressings, which were again removed on June 10th, when both wounds were found entirely healed, which was conclusive evidence that a

gaping defect will cicatrize without suppuration, if putrefaction changes be excluded from the clot filling up the gap. The further conduct of this case was same as that of simple fracture.

CASE IV. H. J,, aged 44, cataract in each eye. The after-treatment of this case carried out according to the views of Dr. Charles Michel, of St. Louis, and Dr. J. J. Chisolm, of Baltimore, without compress, bandage, dark room or restraint. Cataract fully formed in both eyes, developing for five years, operation on right eye, speculum inserted and the eye suffused with a biniodide of mercury solution 1-2000, and by manipulating speculum this solution was brought into contact with every portion of the mucous lining of the lids and eyeball. Local anæsthesia produced by the application of a four per cent. solution of muriate of cocaine. Incision made through clear cornea near scleral border large enough to allow of the free exit of lense, iridectomy made, capsule opened, and lense extracted. The eye again flooded with the mercuric solution, and speculum removed. The eye now closed and sealed with white silk isinglass plaster, 1½ inches long and 1 inch wide, plaster moistened with same solution and smoothly applied. The patient was then permitted all the privileges of her room that she enjoyed before the operation, except that the blinds to windows were kept down. Visited her daily and found her suffering no pain or inconvenience at any time, retired and arose at her usual hours, and was in no way inconvenienced. On the sixth day the strap was removed, the corneal wound entirely healed, and the eye only slightly sensitive to the light; she continued in her rooms for two weeks, was then provided with a pair of smoked glasses, and allowed the privilege of going and coming at will. Four weeks after the operation, she was given No. 2½ inch glass for near, and No. 5 inch for distant vision, and was then enabled to resume all of her household duties.

I have selected these cases to illustrate the applicability of this method, which embodies the great principles of cleanliness and carefulness in surgery, in the treatment of wounds and injuries involving the different tissues of the body.

ECZEMA.

BY H. E. KNIPP, M. D.,
OF BALTIMORE.

Chief of Skin Clinic, University of Maryland Dispensary.

Eczema is an acute or chronic noncontagious inflammation of the skin, manifesting itself either in erythematous, vesicular, papular or pustular forms, and generally accompanied by intense itching. This disease is more frequently seen in one or more of its varieties, than any other skin disease, occurring on an average of about ⅓ of all skin diseases. It affects the rich and poor, old and young, male and female; in fact there is no class of society that has not felt its influence more or less. The causes that produce this evil are numerous, and to avoid space we will mention only a few of them. Heredity, by the laity especially, is supposed to exert an influence in producing the disease, but in our experience in the University skin clinic, such has been found not to be the case. Water, variations of heat and cold, sugar, various dyes, strong alkalies, soaps, various irritating poisons, deranged digestion, and by no means least, poison ivy or oak, acting upon irritable skins, will produce attacks of the disease. Sometimes we can find nothing to account for the attack.

Eczema may manifest itself in a great variety of ways, sometimes appearing as a simple redness of the skin, vesicles, papules or pustules may form. In almost all cases there is an exudation of serum, which seems to allay somewhat the in-

tense itching which is almost invariably present. It may run an acute or chronic course; if acute, the disease is cured in from a few days to a few weeks, but if chronic it may last for months, and even years; in fact, it is not uncommon to find cases that have lasted fifteen and twenty years.

The disease generally starts with slight redness, accompanied by intense itching; next appear vesicles filled with serum, which are generally ruptured by the scratching, leaving a straw-colored scab. When the discharge becomes purulent, the scab is more opaque. Sometimes, instead of vesicles, there may be small papules developed. In regions of the body where two surfaces rub together, instead of the formation of a scab there will be a moist, red surface, resembling very much raw beefsteak. Where the discharge comes in contact with much dust or dirt, the scabs that are formed will become more or less dark in color; especially is this so about the scalp. Where the eruption is situated on parts of the body subject to motion, cracks or fissures may be formed, when it is known as *eczema fissum* At other times, instead of the discharge and scab formation, the eruption may be covered by fine scales of epidermis; this is known as *eczema squamosum.*

As eczema manifests itself in so many different forms, it is natural that at times a correct diagnosis is difficult, but generally a diagnosis is made without trouble. The differential diagnosis between it and syphilis is very important; especially is this true in the cases of infants. In infantile syphilis the child's features are pinched, and there are marked evidences of general malnutrition, while in infantile eczema, the child is well nourished generally, and it is no uncommon sight to see a baby with nice fat cheeks and general appearance of good health, with a patch or two of eczema on some part of its body.

Syphilis is generally more universally distributed over the body than eczema, and the spots of eruption have a greater tendency to become circular; in eczema that tendency is not so marked. Syphilis does not itch nearly so much as eczema. In syphilis there is history of infection or inheritance, but in eczema not. Eczema is also to be distinguished from herpes, impetigo, scabies, scarlatina, erysipelas, pemphigus, psoriasis, erythema, urticaria, parasitic sycosis, etc. In herpes, the vesicles are larger, grouped in circles and following the course of some nerve, not much itching but more pain. In impetigo there are blebs instead of vesicles, and the pustules are larger, and there is little or no inflammation of the surrounding skin. In scabies, we can generally discover the furrows of its itch mite, especially between the fingers. Scarlet fever is accompanied by light fever and sore throat. In erysipelas we also have fever, but the eruption is local, well defined, and has a burning sensation. The blebs of pemphigus rarely become purulent, and there is little or no inflammation of their bases and not much itching. The scabs of psoriasis are more silvery looking, the exposed base does not discharge and the eruption is generally found on the extensor surfaces. Erythema and urticaria are not accompanied by any discharge. In parasitic sycosis there are nodules of infiltration in the beard, but in eczema the infiltration is more.

It is impossible in a short article like this to give any one an adequate idea of this disease, of its different forms and varieties.

We next come to the treatment or more properly the management of this protean disease.

Frequently medical men have come to me and asked what is the best treatment for eczema; frequently one will see in medical journals that this or that is a specific for eczema. Any one who has seen and conscientiously treated a large number of cases of this disease, well knows that each individual case must be treated upon its own merits and that no

one drug or combination is suited to all cases. If we were asked what is the most generally useful in treating eczema, we could very easily answer that the ointment of oxide of zinc, or some other mild astringent and protective application, is most generally beneficial. Some of the other mild astringent and protectives that are especially useful in those acute cases of erythematous and vesicular eczema which have not gone on to infiltration, are bismuth subintrate, powdered corn starch, lycopodium powdered tale, oxide of lead, cosmoline, vaseline, lard, et cetera. These drugs should be the first tried in almost all cases, especially in those cases that have been exposed to irritants of any kind. When the disease has become chronic, there is infiltration and the skin is sheltered from inflammation, then more stimulating treatment is necessary. Tar, salicylic acid, carbolic acid, chrysarobin, green soap, caustic potash, &c. Never use the strong stimulants when mild will suffice, because many cases have been aggravated by too much stimulation, and under no conditions should these irritating applications be used in acute cases. In making applications to hairy parts care should be taken not to rub insoluble substances into the hair as it will become matted and disagreeable. Generally it is best to use as little water as possible about eczmatous patches, and when it is necessary for purposes of cleanliness, have the water rendered less irritating by the use of borax or bran. When the general health is run down, it becomes necessary to build up the general condition before cure can be expected. For anæmic subjects, iron in some of its forms must be used; when there is derangement of the digestive organs they should receive careful attention; in chronic cases attended by much scaling or in universal eczema, arsenic internally is sometimes beneficial. Where the eczema is produced from congestion caused by varicosity of the veins, support must be given to the weak organs.

The chief mode of treatment, however is the local or external; the internal is only supplementary.

The following are a few combinations we have found useful both in dispensary and private practice.

℞.—Ungt. zinci. oxid .benzo. ℥ i.
Sig. Apply locally.

℞.—Zinci. ox. gr. c.
Ac. carbol. gr. ii.
Cosmoline, Ungt. aq. rosæ. āā ℥ ss.
M. Ft. Ungt.
Sig. Apply locally.

℞.—Zinci. ox. ʒ ii.
Pulv. camph. ʒ i.
Pulv. amyli ʒ v.
M. Ft. Pulv. No. i.
Sig. Apply locally with puff brush.

More stimulating than the above are:

℞.—Ungt. Zinci. ox.benzo., Ungt. hyd. ammon. āā ℥ ss.
M. Ft. Ungt.
Sig. Apply locally.

R.—Ac. salicylic gr. x to gr. xlviii.
Zinci. ox. ʒ ii.
Cosmoline, Ungt. aq. rosæ. āā ℥ ss
M. Ft. Ungt.
Sig. Apply locally.

℞.—Ung. picis, ℥ i.
Sig. Apply locally.

℞.—Zinci oxidi., ʒ iv.
Ac. carbol., ʒ ss.
Glycerine, ʒii.
Liq. calcis, ℥ viii.
M. Ft. Lotio.
Sig. Apply locally after shaking.

The following are very stimulating and should only be used after mature deliberation:

℞.—Sapo. vir., Spts. vini., āā ℥ i.
Aq. ℥ vi.
M. Ft. Lotio.

Sig. Apply locally as a wash.

℞.—Sapo. vir., ℥ i.
Sig. Apply locally with water as a wash.

℞.—Liq. potassii, ℥ ss.
Sig. Apply locally with mop and afterwards wash off with water.

It is well after applying these stimulating applications to put a protective ointment on the part. These, as well as many other preparations, may be used as local applications.

For internal use, the following have been found useful:

℞.—Liq. pot. arsen. ℥ i.
Elix. aurant, ℥ ii.
M. Sig. Teaspoonful three times a day.

℞.—Tinct. ferri citro-chlor., ℥ ii.
Glycerine, ℥ ii.
Syr. limonis, q. s. ℥ ii.
M. Sig. Teaspoonful in water three times a day.

℞.—Syr. ferri iod. ℥ ss
Sig. Five drops to twenty drops in water three times a day.

These and many other preparations may be used to advantage in the treatment of eczema.

(For a more detailed description of the treatment of this disease see my article in MARYLAND MEDICAL JOURNAL vol. xxii, page 221).

The result of seven years' operation of the Medical Practice Acts in Minnesota has been to reduce the ratio of physicians to population from 1 to 650 to 1 to 1,250. During the last three years 205 candidates presented themselves for examination and 77 of these were rejected.

Society Reports.

WASHINGTON COUNTY MEDICAL SOCIETY.

STATED MEETING HELD NOV. 12TH, 1890.

The Medical Society of Washington county met in Court Hall Wednesday, November 12, 1890, President, Dr. N. B. Scott in the chair. The election of officers for the coming term was held with the following result: President, Dr. Wm. Ragan; vice-presidents, Dr. T. W. Simmons and J. M. Gaines; corresponding secretary, Dr. J. W. Humrichouse; recording secretary, Dr. E. M. Schindel; treasurer, Dr. O. H. W. Ragan.

Dr. Scott, upon retiring from the chair, said:

"It gives me much pleasure to extend to you my hearty congratulations, and to express my sincere gratifications that the movement inaugurated one year ago, to reorganize our medical Society, has resulted so satisfactorily. It was a consummation most devoutly wished for. Nothing in the line of our profession was more desirable. The period demanded it. It lifts us out of the rut of utter barrenness and isolation. I can realize more full probably than any of you—this tradition—our progress has been more encouraging, our enrolment list to-day numbering thirty-one members. Composed of the best material in the county, and second to none in the State, outside the city of Baltimore. The efficient services of our secretaries in formulating and arranging details have materially facilitated our work. The first annual reports from the several committees have been presented and adopted. A very gratifying feature, and I refer to it with pleasure, was the ready response of the essayists to their notification, as showing their personal interest in the proceedings and a desire to perform their part without fail. The papers read were highly acceptable and

elicited much favorable comment. They were practical, highly instructive and interesting to the profession. We believe the gentlemen referred to have rendered our Society important service and have helped to give us a good send off for this first year of our life. For the good example they have given us, we ask them to accept our thanks. The formation of a medical society in any community is an event of no ordinary interest. The commingling of an intelligent body of men at stated times impresses their personality. But to the medical man they are a boon beyond all price, a veritable post-graduate school, where fresh from his field he meets his brother on common grounds, to exchange views, compare notes and experiences, where the young meets the veteran, with his hard-earned grains of gold winnowed from the chaff. They are a central body to look to and to tone up to, where contact and friction makes us better and brighter men. Most notably and above all other consideration is their social feature, enlarging our acquaintanceship and promoting professional brotherhood. Since our last meeting, death, never without his victim, has taken our most venerable member, Jas. B. McKee, of this city, where he practised his profession for fifty years. He was held in high esteem by his brother practitioners, for his devotion to his work, and his professional and honorable bearing. A special meeting of this society was called to consider the sad event, at which appropriate resolutions were presented, read and adopted, and ordered to be placed on the minutes."

Dr. Harry U. Onderdonk, read a paper on

DETERMINATION OF SANITARY CONDITIONS IN REFERENCE TO TYPHOID FEVER.

(*See page* 88.)

Dr. O. H. W. Ragan followed with a paper on

ASEPTIC SURGERY,

(*See page* 93),

with reports of several cases.

Dr. J. McP. Scott closed with a paper entitled

PRACTICAL LESSONS FROM A RECENT CASE OF STRANGULATED HERNIA.

A committee was appointed to consider the advisability of holding a banquet in this city in the near future.

A committee was also appointed to make an effort to organize a library for the use of the Society.

Drs. Henry U. Onderdonk, J. H. Wishard and C. R. Scheller were elected active members of the Society. A motion was made, and will be decided upon at the next meeting, that the hour of meeting be changed from 1 P. M., to 11 o'clock A. M.

The following telegram was sent to the Medical and Chirurgical Faculty:

T. A. Ashby, M. D., President of Medical and Chirurgical Faculty of Maryland:

"The Medical Society of Washington County sends greeting to the Medical and Chirurgical Faculty of Maryland, now in session at Cambridge, Md.

N. B. Scott, Pres.,
J. W. Humrichouse, Cor., Sec."

The next meeting of the Society will be held on the second Wednesday in January, 1891.

The Russian Government has announced that at the end of five years the decimal system of weights and measures shall be the only legal standard. Great Britain and the United States will then be the only civilized nations which use the ancient systems.

MARYLAND MEDICAL JOURNAL

Weekly Journal of Medicine and Surgery,

WILLIAM B. CANFIELD, A.M., M.D., Editor

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

BALTIMORE, NOVEMBER 29, 1890.

Editorial.

THE RELATION OF GONORRHŒA TO RENAL DISEASES.

Many diseases are very trivial in themselves, but become serious in their results both immediate and remote. This is decidedly the case with gonorrhœa. Many a man contracts a gonorrhœa and escapes with little trouble at first, but the secondary effects to himself and even to his wife, are of great moment and often lead to fatal consequences.

Not the least serious complication of a gonorrhœa is renal disease, and this is particularly instanced in a case reported by Dr. James Kennedy of San Antonio, Texas, in the *New York Medical Journal*, for October 18th, 1890. The patient, a young man, contracted gonorrhœa, and after various attempts to treat himself, considered the case a cure. But after two or three years he had some difficulty in passing water. Other symptoms appeared and he consulted his physician. He grew worse and died as a result of the old gonorrhœa.

The way in which gonorrhœa may induce disease of the kidneys is given as follows:

1. By direct extension of the inflammatory process by virtue of continuity of structure.

2. By interference with escape of urine, as in stricture. The bladder, becoming filled, causes the urine to collect in the pelvis, calices, and tubules of the kidney, and interferes with the process of secretion, causing congestion, which, if prolonged, the succeeding stages of inflammation follow and a nephritis is established.

3. By reflex irritation. The urethral irritation may reflexly disturb the renal function and cause hyperæmia and congestion.

4. By diuretics. The excessive or njudicious administration of copaiba, cubebs, etc., so commonly used for the cure of gonorrhœa, may induce disease of the kidneys by overstimulation of these organs.

THE EARLY RECOGNITION OF TYPHOID FEVER.

After much study and patient work, bacteriologists, and particularly Eberth and Gaffky, have succeeded in isolating

the specific bacillus of typhoid fever.

Although this discovery has not reached the diagnostic importance of the tubercle bacillus, still it has been of great use in tracing epidemics of this disease. The bacillus when exposed to heat or drying, soon loses its life, but the spores are so hardy that they withstand destruction even though exposed to the sun and dryness for a long time. For this reason typhoid stools, which have long been known to convey the poison, when carelessly disposed of, may find their way to drinking water, and thus spread the disease.

The recognition of this fact early in a threatened outbreak of typhoid fever, will often prevent the spread of this disease, but where the bacteriological study of drinking water is not feasible outside of the laboratory, it has been observed that in such water the products of decomposition in the form of the nitrites, nitrates, etc., are found.

To detect these, a few simple tests as shown by Dr. H. U. Onderdonk in this issue, are sufficient. All that is necessary is a few pieces of simple apparatus and a few simple solutions. The importance of the recognition of this disease early is so important, and the methods of water examination as so clearly laid down by Dr. Onderdonk are so plain and simple, that no physician in the city or country should fail to test a sample of the drinking water in every suspected case.

Reviews, Books and Pamphlets.

A Practical Treatise on Impotence, Sterility and Allied Disorders of the Male Sexual Organs. By SAMUEL GROSS, A. M., M. D., LL.D., etc. Fourth edition. Revised by F. R. Sturgis, M. D. Philadelphia: P. Blakiston, Son & Co., 1890.

Although little change has been made in this edition, still the book is just as valuable as when it first appeared. The fact that in unfruitful marriages the man it at fault, at least one instance in every six, shows how important it is to examine the man and to consider every possible variety of impotence.

Fact and Theory Papers. Protoplasm and Life. Two Biographical Essays. By CHARLES F. COX, M. A. New York: N. D. C. Hodges; 1890.

These two essays on well-worn themes, are in places interesting, and in part rather tiresome. The quotations are well chosen and familiar. The author opens with some very graceful metaphors.

Fact and Theory Papers. The Time Relations of Mental Phenomena. By JOS. JASTROW, Professor of Psychology at the University of Wisconsin. New York: N. D. C. Hodges; 1890.

This is an exceedingly interesting little monograph on the time relation of mental phenomena, and while it adds little to our previous knowledge, all the facts are well stated.

The Patient's Record. For the Use of Physicians and Nurses. Compiled by AGNES S. BRENNAN. New York and London: G. P. Putnam's Sons; 1890.

This a convenient record book issued in the usual excellent style of the publishers. It is for the use of the nurse or resident physician in noting the directions of the visiting physician. Several pages at the end are devoted to well-made fever charts, made to tear out. The book is evidently intended for large hospitals.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Semi-Annual Session, held at Hagerstown, Md., November, 1889. Ninety-

Second Annual Session held at Baltimore, Md., April, 1890.

The chief interest in this volume of transactions which contains 44 more pages than last year, is the record of the semi-annual meeting at Hagerstown. This is by far the most interesting part of the contents for the work done at the semi-annual meeting is not a résumé of a year's work, but is usually papers written to attract the audience. The discussion is seen to be very spirited. The volume is an extremely creditable piece of work, and reflects credit on its members. The printer erred in not putting the title on the back of the cover as well as on the side.

Transactions of the Gynæcological Society of Boston. New Series. Vol I. Boston: Cupples & Hurd, 1889.

After seventeen years of silence, this society publishes a very creditable volume of transactions. The number of active members is not large, and many from the tender sex. The seal of the society bears the unique motto *"propter uterum est mulier."* Besides the active members, there is a long list of honorary and corresponding members, and among the latter are Dr. Thomas Opie of this city. The press-work is well done and in excellent taste.

A Study of the Anœsthesias of Hysteria. By CHARLES L. DANA, M D., Professor of Diseases of the Nervous System in the New York Post-Graduate Medical School. Reprint. 1890.

The Rotary Element in Lateral Curvature of the Spine. By A. B. JUDSON, M. D., New York. Reprint. 1890.

The Laryngology of Trousseau and Horace Green. A Historical Review. By FRANK DONALDSON, M. D., Baltimore. Reprint. 1890.

One Hundred Consecutive Cases of Labor at the Maryland Maternité. With a Description of the Methods Practised in that Institution. By GEORGE H. ROHÉ, M. D., Director, and WM. J. TODD, M. D., Resident Physician. Reprint. 1890.

A Case of Acute Cerebral Meningitis followed by Recovery. By ALEX. L. HODGDON, M. D. Reprint. 1890.

Medical Communications to the Massachusetts Medical Society. Vol. xv. No. 1. 1890.

Proceedings of the National Conference of State Boards of Health, at the Seventh Annual Meeting held at Nashville, Tenn., May 19–20, 1890. Published for the State Board of Health of Pennsylvania.

Correspondence.

OPHTHALMOLOGY IN GERMANY.

BERLIN, Nov. 15th, 1890.

Editor Maryland Medical Journal:

DEAR SIR: Again I trespass upon your kindness and upon the patience of your readers, in writing to you from Berlin. Since my last letter to you I have been very busily engaged in Hospital work which I trust has not been altogether unprofitable. When I look into the future I wonder as I regard the years to come whether our American institutions, Colleges, Hospitals, and Universities will attract such crowds of Americans as this city of Berlin does and as Vienna does also ?

Can you imagine why our Medical Universities should not attract as well ? Of course all of them are not of the highest standing; of that most deplorable fact I am well aware; but are not our own best institutions equal to others in

foreign lands? I think that apart from the general education a man receives by travel in a foreign land, and by coming in contact with people entirely different from his own kind, the student makes a mistake in coming abroad. This may not be so in all branches of science but I know it to be most certainly the case in the branch which I intend to discuss in this letter.

Of all the branches of medicine there is none to me that seems so attractive and pleasant as the study of eye and ear diseases, of the two ophthalmology, being the more important, has the ascendency and preference over otology. Ophthalmology has only within recent years gained the prominence which it now has among the other branches of our science, and though this prominence dates so recently it is none the less important.

Much of the prominence and advancement of ophthalmology and ophthalmic surgery has been due to the methods of treatment practised and advocated in the Baltimore Presbyterian Eye and Ear Charity Hospital of our own city of Baltimore. I do not say this because I have in any way been connected with that Hospital and thus prejudiced, but I, naturally, seeing the methods used here in Berlin Hospitals and knowing the methods in vogue in my own Hospital, (*i. e.* where I worked when in Baltimore), draw conclusions, and before I finish I will attempt to describe a few of the methods used here and draw comparisons between the two places. I will state facts and my readers alone can draw their own conclusions as to which is the better.

It was my pleasant privilege to be present at the last Medical Congress which was held in this city in the first week of August 1890, and among the many new ideas promulgated and advanced was one in reference to the subject under discussion; it was advanced by Prof. Julian J. Chisolm of our own city of Baltimore; how it was received remains to be seen.

So far no one has taken any notice of the suggestions and radical changes he advanced by adopting them, but they all know them and it is hardly to be expected that they will abandon their dark rooms, their dietetic treatment, their bandages of cotton, perfect rest of patients, removal from the operating table by assistants, &c., &c. for those measures which seem ruinous and disastrous to their limited vision, I say limited vision for they will not open their eyes to any advancements made without the bounds of Berlin, Germany. The Germans here in Berlin think that they contain all good things within the city and that nothing good or worthy of suggestion comes from without. I assure you I do not speak too strongly. I remain here and work among the eye department and have taken courses and can see the state of affairs clearly. I do not intend to convey the idea that Berlin has not its advantages, for it has; perhaps in gynæcology no better place could be selected for study than Berlin, and while I intend to place Berlin below American institutions in this letter, I will atone by speaking of gynæcology in Berlin in a later letter when I can conscientiously give Berlin a superior place, as I can equally as conscientously place Berlin in the position I do in this letter and with reference to ophthalmology.

Students imbibe quietly the sentiments of their teachers and do more perhaps to disseminate these ideas than would occur to one at the first place and this has been quite noticeable since I have been here and among the students, I have often been one against odds in talking of the folly of dark rooms in treatment after cataract operations or after an iridectomy or other eye operations, and have spoken always against binding up both eyes and carrying off the patient to bed, oblivion and misery for a week or 10 days. I flatter myself that I have at least set some of my fellow students to thinking and reasoning with themselves, why bind legs, arms, and body to keep the eyes still? Why keep the patient

absolutely quiet thinking to facilitate healing of any corneal wound? Why place the pacient in total darkness, consigning him or her to misery and necessitating the use of dark glasses afterwards?

I cannot change the methods here but I can at least contribute my mite, and try and keep any of my readers from committing what is to my mind an egregious error. But I think it high time I spoke of the methods used here but only to mention them by way of comparison and hoping you will only allow them to impress upon your mind those which are superior in every way. I assure you I will state what are facts and with no embellishments from my own mind. It is the duty of all Americans to stand up for home institutions always when they can and when they cannot then do all they can to change them, by giving to the press such changes as they would think proper and good, and if others think them good then you may be sure the seed falling in good ground will flourish and bear good fruit, and an advancement will thus be made.

To return to the subject in hand. In a former letter I described the methods used in Professor Hirschberg's "Augenklinik," and of his clinic I will not speak in this letter, but will, as it were, take my reader within the walls of the "Augenklinik," which is is a large collection of red brick buildings on Ziegel-Strasse 6—9, comprising three clinics; *i. e.*, surgery, otology (Ohrenheilkunde), and ophthalmology (Augenheilkunde). Only the *Augenheilkunde* interests us now, so we will confine our attention to that alone.

At the head of this department is Prof. Schweigger, the regular professor in ophthalmology in the university, and perhaps the leading oculist in Berlin and Germany, and I certainly know that the treatment instituted in his clinic is a sample of that practised in Berlin, and may be taken as a type in speaking of ophthalmic surgery in Germany. Well, the operating room, to begin with, is rarely used, the low table being taken into the wards and the operation conducted there.

The operating table is very low, perhaps only 14 or 18 inches high, and the operator sits at the head of the table on a low stool; this is a matter of little note or interest, whether the operator stands and operates with a high table or sits and operates on a low stool or table, as it is his own convenience or inconvenience at stake. The patient has little trouble coming to this table. As we enter the ward it is as dark as possible, but soon the blinds are opened and light streams in upon the operating table. The patient is before us on the table; his right eye is to be operated upon for cataract extraction. So far he enjoys the use of his other eye, while the one to be operated upon has been bandaged up with cotton for days before the operation, even, and upon removal of the same we see the pupil widely dilated from the mydriatic atropia; and now the eye is washed with a solution of bichloride and as cocaine solution has been already applied, the operation proceeds. So far as the operation goes it is all well and good, except in some cases. I thought iridectomy contra-indicated when it was done, however that applies more to treatment, and it is to the treatment I object in such strenuous and strong terms. Whether the extraction of the lens be done by means of a Graefe cataract knife or a spade-shaped knife, or a Bean cataract knife makes little difference; the lens escapes and is removed. So far so good. Now the patient's eyes are protected from the light—not the one operated upon, but both, are covered by thick layers of cotton, then a wet cloth, then oil silk, and then the head bandaged with an ordinary bandage, and then a thick green screen, and the patient carried off, "carried off" to bed, not allowed to use his legs, but is carried off to darkness, misery, oblivion and obscurity, for at least seven days, and often ten days. Can any of my readers find any connection between the motion of the legs and the eyes? When my legs

move do my eyes move synchronously with them?

His after-treatment consists in perfect rest, absolute quiet, and no movement of any kind, most rigorous measures. His food is of the softest, and most easily masticated kind if mastication be practised at all. At the end of this the bandages are removed and the patient having been kept in the dark, covets the dark; and so must have a shade and a pair of dark glasses.

The light hurts, I have no doubt, and glasses are a relief I am sure, but then they follow as a natural sequence. Upon the method of treatment previously adopted, gradually the patient becomes accustomed to the light, and at last good results follow. But what a siege he has passed through! Were it indicated, all well and good; but I think it useless confinement and needless enforced misery. Why make our methods as complicated as possible? When I now undertake to outline the treatment adopted in the Presbyterian Eye, Ear, and Throat Charity Hospital of Baltimore, I know that I am only repeating in a very inferior way, what the Surgeon of that hospital, Professor Julian J. Chisolm, has done before me in a superior way, but my only excuse is, that coming from other than the advo cate of such medical measures, it may have some weight of its own, and force peculiar to itself.

The patient walks unaided into the operating room, he mounts on a high table by means of a chair or stool alone, and lays down at full length. Now, a four per cent. solution of cocaine is dropped into his eye, the one to be operated upon, and in the course of a few minutes a a few more drops of the same solution are dropped in the eyes and in the course of 5 or 6 minutes complete local anæstheria is produced and the operation proceeds.

It is not my object or desire to describe the operation in detail as I only take cataracts as an example, the same treatment and after-treatment is adopted in all of the eye operations but with some variations naturally.

The lens is extracted usually and generally without iridectomy, a thin diaphanous strip of isinglass plaster is then placed on the lids of the operated eye and allowed to adhere firmly, the patient gets up and walks off unaided to his or her bed or room rarely lying down unless inclined to do so and rising when desirous and doing what they want, if they want to read why not use the eye that is free?.

In a few days 5 or even 4 days the isinglass plaster is removed and the eye is seen to be perfectly healed the drugs used in the after-treatment, I mean the drops instilled into the eye after the operation differ in the two places but essentially bring about the same result *i. e.* of keeping the iris from forming any adhesion to the remains of the lens capsule that may be left within reach of it. A 2 per cent. solution of sulphate of atropia is used here in Berlin and a weak solution of the sulphate or salicylate of eserine is used in the Baltimore hospital. We must speak definitely in drawing comparison and so that is why I have mentioned particularly the places that I have seen and know positively how things are done, others I have seen but they only bear out my general convictions. Can any contrast be more striking? What comfort is given to the one class of patients? Who can tell or imagine the discomforts of a man lying in bed day after day, hour by hour, with both eyes closed and he in the full possession of all his senses both special and general? For he certainly has sight in one eye and that is enough, as one of our professors used to say bilateral organs are a luxury always and we can easily dispense with one.

There are many minor points in reference to other operations that I would like to mention but already I am afraid I have encroached too much upon the patience of my readers and upon the kindness of the editor, and so will close with this one remark that I am con-

vinced that our American institutions are in advance of those in Germany in ophthalmic surgery and in the treatment of eye diseases and hope they will maintain that lead in such a growing specialty.

Yours sincerely,

A. D. MANSFIELD, M. D.,

PHYSICIAN'S MUTUAL AID ASSOCIATION.

BALTIMORE, Nov. 22nd, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—Is there in existence or has there ever been in Baltimore a Physician's Mutual Aid Association, that is a society whose object is to afford relief to poor physicians and especially to the widows and orphans of medical men? If so, I should be glad to obtain any information with regard to such society, and if possible, copies of its rules and reports, which will be duly cared for, and information as to whether it has been fairly successful in attaining its objects.

Hoping that my request may not prove a troublesome one, I remain, with with kind regards and best wishes.

Yours very truly,

CRISTOPHER JOHNSTON.

201 W. Franklin St.

[If any readers know of such an association would they kindly communicate with Dr. Johnston or this JOURNAL. —ED.]

Miscellany.

TUBERCULAR CIRRHOSIS OF THE LIVER.

MM. Hanot and Gilbert have been making a series of experiments on guinea-pigs, which go to show that cirrhosis of the liver owning a tubercular origin is a thing of real existence, notwithstanding doubts to the contrary. The pathological appearances are these of a perilobular and interstitial cirrhosis. The connective tissue contains no tubercles, these being distributed more especially at the periphery of the lobules, and often undergoing fibrous transformation, but being poor in bacilli.—*Lancet.*

PULSATING LIVER.

The close vascular relationship between the liver and the right heart furnishes a ready explanation of the close functional relationship between these two organs. But apart from functional derangements, the conquences of congestion of the heart, we are familiar with definite hepatic physical signs in evidence of such congestion—e. g., the signs of a swollen liver. Accompanying the swollen and tender liver there is present nearly always epigastric pulsation, more or less pronounced. This epigastric pulsation is usually the result of transmission of the ventricular beat by the depressed and turgid liver; sometimes, as Dr. Balfour points out, the impulse is a transmitted one from the great vessels lying against the spine, the vena cava, and the aorta; in either case the liver acts merely as a tumor lying against a pulsating vessel. Sometimes, however, the liver actually throbs, every part of its substance expanding with each stroke of the heart. This is a comparatively rare accompaniment of disease of the heart. There is at present in the Royal Free Hospital, under the care of Dr. Sainsbury, a case of this kind. The patient is a lad aged eighteen; he has suffered from shortness of breath ever since he had St. Vitus' dance at the age of ten; since then he has had two attacks of rheumatic fever, and during the last year his heart trouble has culminated. He was admitted into the hospital in February of this year, was discharged in April, and readmitted towards the end of October. The heart at present is enormously enlarged, dilatation preponderating. There is evidence of mitral and tricuspid regurgitation, and doubtfully of aortic regurgitation. The vessels

of the neck pulsate as far as the angle of the jaw; the feet are slightly œdematous. No fluid can be detected in the abdomen; the lungs manifest the signs of bronchitis at the bases. The edge of the liver extends from below the right anterior superior spine of the ilium upwards beneath the umbilicus to the ninth or tenth left costal cartilage. There is some tenderness of the surface, and when grasped between the two hands there is distinct expansile pulsation, which, as compared with the carotid pulse, is slightly delayed. There is pulsation underneath the xiphoid cartilage, which is obviously transmitted from the heart. The apparent enlargement of the liver is increased by the depression of the diaphragm by the enormous heart. The spleen is not felt. The case is worthy of notice, not only because of the liver pulsation, but because of the selection, as it were, of that organ to relieve the congestion of the right heart, and because the portal obstruction thus caused has not led to ascites. The absence of much general dropsy is also of interest.—*Lancet.*

THE DIAGNOSIS OF PULMONARY CAVITIES.

Professor Rumpf, of Marburg in the course of an address to a local medical society (*Berliner klinische Wochenschrift*, No. 44, 1890), discusses the diagnostic value of the change in the pitch of the percussion note over a pulmonary cavity when the mouth is closed or open, commonly known in Germany as Wintrich's sign. He points out that this, like so many other signs of cavitation in the lung, is not always present in the same case. Its occasional absence is explained by the probable obstruction of the bronchus leading directly into the cavity. This obstruction may sometimes be overcome by altering the position of the patient during percussion as suggested by Gerhardt and others, but even this plan is not always successful. By making careful comparison of the percussion note obtained over a cavity on deep inspiration with the mouth and nose open, and then, with these apertures closed, Dr. Rumpf succeeded in eliciting the characteristic change of pitch in four cases in which Wintrich's sign under ordinary respiratory conditions was only occasionally present. The accuracy of the diagnosis was in each case proved by *post-mortem* examination.—*Brit. Med. Journal.*

TREATMENT OF HYSTERICAL FITS.

The weighty authority of Charcot denies that hysteria, in all its protean forms, is more common in France than elsewhere; and certainly anyone who has had the privilege of following the *clinique* of this master of neuropathology at the Salpêtrière, and listening to the persuasive eloquence with which he maintains this thesis, cannot fail to have even a rooted conviction to the contrary at least severely shaken. Indeed, according to M. Charcot, there are few forms of bodily derangement which hysteria is not capable of simulating to a nicety, and that not only in the female, but also quite as often in the male. That the French as a race are more emotional than either the English or the Germans is a matter of common remark, and to the casual observer this would seem in keeping with the apparently greater number of hysterical outbursts amongst females which are brought under one's observation in this city. Speaking from an experience of six years' residence, a woman in any form of hysterical fit in the streets of London is a rare occurrence, while a similar exhibition in the streets of Paris is—while short of being an everyday phenomenon—at least not infrequent. The treatment of these attacks—which it is safe to assume are proportionately more common in private—is, therefore, a subject of considerable interest to our French *confrères*. M. Pitres has recently made some practical remarks in this connection. Having suppressed the fussy attentions to the patient, and released her from all the physical restraint which may have been exercised over her

by anxious friends, he says the next duty of the physician is to search for the anti-spasmodic zones by commencing in those parts in which they most frequently are found—viz., in ovarian and epigastric regions. They do not always exist, however; but if they do, energetic pressure made upon them will bring the crisis to an immediate termination. Another efficacious manœuvre is prolonged and gentle compression of the eyeballs. This usually results in the production of hypnotic sleep. The patient may be left in this state until she awakes herself, or she may be awakened brusquely by blowing in her eyes. M. Bernheim, of Nancy, induces hypnotism by verbal suggestion. He tells his patient that she no longer suffers, that she is about to sleep, that she sleeps, that the crisis is past, and, finally, that she is to wake up. In most cases these imperative injunctions bring the fit to an end. Another therapeutic method, of which, according to Dr. Pitres, the efficacy is incontestable, is the application of the constant current. One electrode is placed on the forehead, the other indifferently on the abdomen or lower limbs, the battery being constructed so that it is possible to reverse the direction of the current; this is done two or three times, and is in general followed by immediate cessation of the convulsions. The current must, to be successful, be fairly strong—30, 40, and even up to 80 elements of Trouvé's battery. He points out, however, that the chief drawback to this treatment is the fact that it rarely happens that a battery may be within reach. Chemical substances, on the contrary, are more easily procured, as a rule, and the inhalation of such substances as ether, chloroform, or nitrite of amyl is often successful. Enemata of solutions of chloral hydrate are also suggested, as well as (in some rare cases), hypodermic injections of morphine. but he points out that this latter drug must be used with great caution and circumspection, as hysterical subjects very readily develop the morphia habit. With a view of preventing a recurrence of the attacks, it is well to ascertain exactly what spasmodic zones the patient may have, and should these zones be painful or easily excited, to apply ice-bags over them or to spray them frequently with ether. Should, again, there be anti-spasmodic zones it is recommended to apply not only pressure to them at the time, but to keep this pressure up mechanically in a permanent form. Dr. Pitres would allay the excitability of the nervous centres by liberal doses of chloral, on, if necessary, morphine, but he makes no mention of the bromides. Should the patient be hypnotisable he advises that it be "suggested" to her to have no further attacks within a given time. Dr. Pitres has had a curious experience with colored glasses in the treatment of this affection. He says there are certain colors which will actually provoke an attack, while he finds other colors again which either induce hypnotic sleep in a few seconds, or bring about a feeling of calm and comfort in an equally short time; and he cites the case of a young girl, a patient of his, with whom the wearing of spectacles with red glasses had the effect of inhibiting an attack, and much delaying the recurrence of another.—*Lancet.*

GALVANO-CAUTERY IN PURULENT OPHTHALMIA.

Darier reports excellent results (*Le Progrès Médical*) in the treatment of two patients in the clinic of Dr. Abadie. In both of these cases there was a deplorable condition, the lids were enormously swollen, with great inflammation and marked involvement of the corneæ. They had resisted all other forms of treatment, including nitrate of silver. Antiseptic douches, with the instillation of iodoform, followed each cauterization.—*The Journal.*

The French Government is said to have prohibited the importation of Koch's lymph, on the ground that the introduction of such preparations whose contents are unknown is illegal.

Medical Items.

Dr. Frank Chisolm was married at noon to-day.

It is reported that a home for morphia habitués will be started in the suburbs of Baltimore.

According to Muse's Directory of Physicians, just issued, there are not 600 practising physicians in Baltimore.

The Johns Hopkins University has three students in the preliminary medical department.

The papers announce the death of Dr. Joseph Lort, a native of Cecil county, Md.

A new bogus medical college has been unearthed at Newberry, Vt., having the name of the Union Medical Institute.

The Eighteenth Annual Meeting of the American Public Health Association will be held at Charleston, S. C., December 16, 17, 18, 19, 1890.

An English justice has gotten into trouble by sentencing a man to five days' imprisonment for meningitis, of which he died in prison.

General Booth, in his book, "In Darkest England," says: "Out of every five persons in London, one dies either in the hospitals, asylums or work-houses."

A representative of the *Times and Register* in interviewing a Christian Scientist, related the following: In speaking of the power of truth, the following instance was cited: An eminent Christian healer has looked at living germs through a microscope, and by merely concentrating his thoughts on the non-existence of evil, has watched those germs die at once. This man should hire himself out as a germicide.

At the annual meeting of the Washington Obstetrical and Gynecological Society the following officers were elected for the ensuing term: W. W. Johnston, M. D., President; D. W. Prentiss, M. D., H. L. E. Johnson, M. D., Vice-Presidents; H. B. Deale, M. D., Recording Secretary; Geo. Byrd Harrison, M. D., Treasurer; and G. Wythe Cook, M. D., Corresponding Secretary.

It is stated that a new journal, with the somewhat ambitious title *L'Univers Médical*, is about to appear in Paris under the editorship of Dr. Séxéno, a pupil of Dr. Apostoli's. The new periodical, and which is understood to be an outcome of the Berlin Congress, will have for its object the promotion of professional solidarity among medical men of all countries, and the furtherance of international co-operation in matters of hygienic reform.

The permanent committee of the French Surgical Congress, which will open in Paris during Easter week, under the presidency of M. Guyon, has published in an order of the day that the following three questions will form the chief item of discussion: 1. Surgical intervention in affections of the nervous centres. 2. Remote results of the ablation of the uterine appendages in non-neoplastic affections of the uterus. 3. The various forms of suppuration from a bacteriological and clinical point of view.

The Southern Surgical and Gynecological Association, in session at Atlanta, elected the following officers for 1891: President, Dr. L. S. McMurty, of Louisville, Ky.; Vice-Presidents, W. Gastohe, Atlanta; Dr. J. T. Wilson, of Sherman, Texas. The terms of Dr. W. E. Davis, of Birmingham, Ala., as Secretary, and J. H. Cochrane, of Birmingham, as Treasurer, were continued. The only change in the Judicial Council was the substitution of Dr. George J. Engelman, of St. Louis, for Dr. Bedford Brown, of Alexandria, Va., whose term expired.

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CONTENTS

ORIGINAL ARTICLES.

Prolapsed Cord, with Report of a Case Complicating an otherwise Normal Vertex Presentation, Treated by Internal Podalic Version, Followed by Alarming Hæmorrhage from a Lacerated Cervix. By Wilmer Brinton, M. D., of Baltimore. 111

The Treatment of Fibroid Tumors of the Uterus. By George H. Rohé, M. D. 115

SOCIETY REPORTS.

Medical and Chirurgical State Faculty of Maryland. Semi-Annual Meeting held at Cambridge, Md., November 11 and 12, 1890. . . . 120

EDITORIAL.

Koch's Treatment for Tuberculosis. . . 126

The Value of a Title. 127

CORRESPONDENCE.

Cambridge Letter. 127

REVIEWS, BOOKS AND PAMPHLETS. . . . 127

MISCELLANY.

On the Cause of the First Sound of the Heart.—Colour Blindness among Seamen.—Physical and Chemical Changes in the Blood in Disease. Treatment of Seminal Emissions. . . 128

MEDICAL ITEMS. 131

Original Articles.

PROLAPSED CORD, WITH REPORT OF A CASE COMPLICATING AN OTHERWISE NORMAL VERTEX PRESENTATION, TREATED BY INTERNAL PODALIC VERSION, FOLLOWED BY ALARMING HÆMORRHAGE FROM A LACERATED CERVIX.*

BY WILMER BRINTON, M. D.,
OF BALTIMORE.

Professor of Obstetrics, Baltimore Medical College.

In one thousand cases of obstetrics, I have seen four cases of "prolapsed cord," all complicating vertex presentation. Two of these cases were seen in consultation; auscultation, as well as examination per vaginam, proved the children to be already dead, therefore no operative procedures were instituted. The other two cases occurring in my private practice were under my control from the first. One of them came under my care on the morning of September 7th of this year, and I mention it only briefly in connection with the case I shall report later on in this paper.

Mrs. F., a German woman, living on Chew street, summoned me at 2 A. M., September 7th, to attend her in her sixth confinement. I arrived at her house at 2.30 o'clock, and upon making a vaginal examination found the cervix dilated and dilatable, the "bag of waters" unruptured, child presenting vertex, and to the left of the child's head I found presenting the pulsating cord. Upon auscultating the mother's abdomen, I found the fœtal heart sounds distinct and clear to the mother's left. I therefore determined to institute no active measures, and waited. In less than thirty minutes I was informed that the "bag of waters"

*Delivered at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, at Cambridge, Md., November 11th, 1890.

had ruptured, and upon making another vaginal examination I found the cord prolapsed in front of the presenting part of the child. At this time I was surprised at the small amount of cord prolapsed. The woman having no pain at this moment, and still lying on her back, I found no difficulty in pushing up the cord, then immediately fixing the child's head in the pelvis by pressure from above, waited anxiously for a "pain," which finally came, and within ten minutes and by not more than six expulsive contractions, a male child was delivered, crying vigorously. I found the cord around the child's neck three times, which explained why such a short portion had prolapsed. This circumstance no doubt was also a factor in saving the life of the child.

Before relating the case in which I performed podalic version in the interest of the child, I would like to call your attention to the definition, history, causation and treatment of the complication in question.

Definition.—By "prolapsed cord" is meant that condition where the cord is found in the vagina or beyond the vulva, differing from the so-called presentation of the cord, in which condition the cord is found above the external or internal os, or still within the uterus, but in the majority a presenting cord becomes a prolapsed cord (Winckel).

Frequency.—It varies seemingly in different localities, notably so in the lying-in hospitals of Europe, Collins having met it once in 245 cases, while Credé has had it to occur as often as once in 63 cases. Churchill, of Dublin, collected 98,512 cases of labor in which it occurred 401 times, or in the proportion of 1 to 245 cases. On the other hand, a Mr. Bland, quoted by Lusk, has met with it only once in 1897 cases.

Causation.—This complication occurs only in cases in which the presenting part does not completely occlude the lower uterine segment. This condition is caused by very different circumstances, and any defect which prevents the lower segment of the uterus from having uniformly regular contractions, may be a factor in causing a prolapsed cord. Among the recognized causes are pelvic anomalies. Winckel has proved by actual measurement in 55 cases of prolapsed cord, that 40 per cent. occur in narrow pelvis. Faulty state of the uterus, especially faulty shape, faulty position and faulty contractions, favor prolapse of the funis. Myomata of the uterus, pendulous abdomen, faulty engagement and presentation of the fœtus, especially footling and transverse presentations; it is also favored by multiparity, multiple pregnancies, hydramnios, excessive length and other anomalies of the cord, anomalies of the placenta previa.

Winckel, in analyzing a number of cases of prolapsus of the cord, says: "It will be easy to prove that it was not a single predisposing factor alone, but that, as a rule, several of them have co-operated, and this, too, in the most varied combination.

Diagnosis.—When a loop of the cord has slipped down and is found to present in the os uteri alongside of or in advance of the presenting part, a thorough examination will readily discover it, and it will be found to pulsate more or less vigorously when the child is living. Still, the absence of the pulsation does not always mean the death of the child, for Spiegelberg has demonstrated, to his own satisfaction at least, that in some cases the child's heart continues to beat for a few minutes after the circulation in the cord has ended. Then, one may be deceived by examining the patient during a pain, at which time no pulsation can be detected, yet the pulsation in the cord may return in the interval between the pains.

Prognosis.—So far as regards the children, it is extremely unfavorable, but it depends to some extent, however, on the time at which the case is seen, and if proper assistance is given. Engelman found that of 365 cases of prolapsus of the cord, 171 children (or 47.7 per cent.),

were saved, and therefore 52.3 per cent. succumbed, 71 per cent. being saved in footling presentations, 70 per cent. in breech and only 36.7 per cent. inverted. In the four cases coming under my notice, two of the children were dead when the mothers were first examined. In the other two cases efforts were made to save the life of the children, resulting in saving one child and the delivery of the other, partially asphyxiated, and which, if proper efforts at resuscitation could have been continued, would have lived. The results have been, therefore, in the four cases which I have seen in practice, 75 per cent. mortality. Yet in the cases treated the mortality has been 50 per cent. The enormous fatality attending prolapse of the cord is caused by the pressure to which the cord is subjected during the passage of the child through the pelvis. Death of the child, according to Winckel, generally results from suffocation and apoplexy combined, according as the circulation is interrupted quickly or slowly, at a time when the heart still preserves its full energy.

Treatment.—The one indication for treating this comparatively rare complication of an otherwise normal labor, is to relieve the cord from pressure. All authorities agree that, as a rule, the best results are obtained by reposition of the cord, still Lusk has truly said "the conduct of the physician in each individual case will depend upon the presentation and the modifying circumstances."

If reposition fails, then version in the interest of the child should be performed. In the majority of cases reposition of the cord should be first attempted, being a mild procedure, but too much time should not be lost in fruitless efforts to replace the cord. The methods of reposition are those of Thomas—the knee and chest position, with the aid of the hand, and the various instruments that have been devised for the same purpose, and which are, as a rule, worse than useless, even if they be at hand in the emergency. Lusk, in his last book, in describing Gaillard Thomas' method, "Postural Treatment of Prolapsed Funis," says: "By this method the simple plan of reversing the direction of the uterine axis, all the conditions which had previously favored the descent of the cord are made to promote its return into the uterine cavity. Thus the intra-abdominal pressure is removed, the amniotic fluid is retained, the head is easily pushed to one side so as to permit the introduction of the hand, and the cord tends to glide by its own weight over the declivity furnished by the anterior wall to the fundus." The prolapsed loop should be seized in the hollow of the hand, and should be carefully sheltered from pressure. It should show beyond the greatest circumference of the head, and when possible, to the back of the child's neck. As in all cases where the hand has to be passed through the cervix, the uterus should be sustained by pressure from without; with the advent of a pain all manipulations should cease to be renewed, however, as relation follows. If the replacement prove successful the hand should be withdrawn gradually, while the head becomes fixed in the lower segment, this latter result may frequently be expedited by judiciously directed external pressure. This method so thoroughly described meets with Lusk's approval, but can not always be carried out, and if in a given case the cervix is almost or quite fully dilated, the head still high up, and the pelvis not greatly narrowed, while the lessened pulsations of the cord indicate danger to the child, direct internal version, with subsequent extraction is indicated. If the cervix admits but one or two fingers, the child being still movable, its head high up, and the pelvis little if any contracted, combined version according to Braxton Hicks, should be performed. The case of "prolapsed cord" which I report in full occurred in June, 1889, and is as follows: Mrs. E. R. P., aged 24, engaged me to attend her in her fourth confinement which was expected to take place in the

early part of June, 1890. I had attended Mrs. P. in her three previous confinements. Her first child was born previous to the completion of her seventeenth year; after her labor a physical examination revealed a unilateral laceration of the cervix and an enlarged uterus; as her labor had been a perfectly normal one, this condition of affairs I believed to be due to lack of care during the *lying-in-period* on the part of the patient; among other indiscreet things done during this period was to go to the opera with her husband before her child was three weeks old, walking there and back, the distance being over one mile. Declining any operative procedure she resumed her usual household duties. During the next four years she conceived twice and carried her children to full term, nothing worthy of note occuring, but profiting by previous experience she took better care of herself during her lying-in-period on both occasions. I was summoned at 4.30 P. M., June 7th, to attend Mrs. P. in her fourth confinement, found upon my arrival she was just beginning to have her labor pains. The os dilating and dilatable, child presenting vertex, and the fœtal heart sounds could be heard very distinctly to the mother's left. I remained in the room of my patient for a short time, and saw that labor was progressing, advised her during this stage to keep out of bed, and left, promising to return about 7 o'clock, requesting to be telephoned for if needed sooner. Having heard nothing from her and having been detained in my office, it was after 8 o'clock before I visited her again. Upon entering her room I found her in bed, and having decided expulsive pains, I was informed that the "bag of waters" had broken some twenty minutes previously, and since that time her pains had been more decided in character. Upon making a vaginal examination, I found, to my surprise, the head well in the pelvis and the cord prolapsed about six inches, as far as I could decide. I kept my fingers on the loop for a short time and found no pulsation during the pains and very feeble pulsations in the interval between the pains. I then immediately examined for the fœtal heart sound, and found it very indistinct in comparison with the examination made on my first visit. I then spent a minute or two (the woman being in the knee-elbow position), in efforts to replace the prolapsed cord, but seemingly my efforts to replace it increased the expulsive efforts of the uterus, and finding that I was not succeeding in my attempt at reposition, I determined at once to turn in the interest of the child. Having no time to send for an assistant, I gave the woman chloroform and proceeded to perform version. I at first brought down one foot, but found some difficulty in turning. I therefore brought down the second foot, and without much traction the breech and trunk of the child, but the head was detained by the cervix. After considerable pulling, I delivered a large male child, asphyxiated, but which gave some evidence of life after efforts on my part at resuscitation. I was unfortunately not able to continue these efforts, for my attention was drawn to the large amount of blood coming from the mother. She was having an alarming hæmorrhage, the source of which was not clear to me for a short time. I found the uterus well contracted, and the after-birth was at once delivered by Credé's method. Ergot was given by the mouth and hypodermically, the uterus still well contracted, but the hæmorrhage continued. At one time I thought the patient was dying, so great was the amount of blood lost. During this time I had explored the cavity of the uterus with my fingers, and finding no cause for hæmorrhage there, and that organ being most of the time well contracted, I determined the source of the hæmorrhage to be the cervix, which had been lacerated in my efforts to extract the head of the child. I immediately tamponed the vagina with towels, the only material I had at hand, with the effect of controlling the hæmorrhage. This permitted me to give some attention to the child,

but no efforts at this time on my part could make it manifest any evidence of life.

I am thoroughly satisfied that if any competent assistant had continued efforts at resuscitating it from the time of birth, its life would have been saved. The mother, from the effects of chloroform, loss of blood, and shock of operative procedure, was in a very bad condition for twenty-four hours. Finally she rallied, and after a protracted lying-in period recovered. A recent examination confirms a previous examination that the patient, Mrs. P., has a bilateral laceration of the cervix, with a large subinvoluted uterus, but she declines with a persistency "worthy of a better cause" all operative procedures.

THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.*

BY GEORGE H. ROHÉ, M. D.

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The object of this paper is to advocate a rational discrimination in the treatment of fibroid tumors of the uterus.

Uterine fibroids differ greatly in size, situation, structure and character of the symptoms to which they give rise.

In structure, fibroid tumors are homologous with the tissue of the organ in which they are found. They are composed of muscular and fibrous tissue in varying proportions, usually encapsulated by a connective-tissue capsule, in which large vessels ramify. In some cases the growth is made up principally of muscular tissue, in others almost exclusively of white fibrous tissue. In the majority of cases, however, the growths are composed of varying proportions of these two tissues, sometimes the muscular, at another the fibrous predominating.

Most fibroid tumors, especially if of moderate size, are firm and solid, but the larger growths frequently have cysts or cavities filled with a lymphoid fluid. These fibro-cystic tumors often cause no little difficulty in diagnosis, being sometimes mistaken for ovarian cysts, at others confounded with pregnancy. It must not be forgotten that pregnancy and fibroid tumors may co-exist, although happily this combination is not very frequent.

Fibroid growths may occupy any portion of the uterus. Their site of predilection appears to be the fundus and posterior wall of the corpus uteri. Schroeder found 92 per cent. in the body of the uterus, and only 8 per cent. in the cervix.

With reference to their situation in the uterine walls, fibroids are usually classified into sub-mucous, sub-serous and interstitial.

The sub-mucous projects into the uterine cavity, the sub-serous toward the cavity of the abdomen, and the interstitial occupy a more or less intermediate position between the inner and outer surfaces of the uterus. As a matter of fact, most large fibroid tumors begin as interstitial or intramural growths and become sub-mucous or sub-serous in consequence of the contractions they excite in the muscular walls which force them either inward or outward.

Fibroid tumors may undergo fatty degeneration and be absorbed; they may slough and be cast off through the genital canal; they may undergo calcareous change and become encysted and be thus carried through life, or may slough out in the form of concretions, which have received the name of uterine stones. Finally they may undergo sarcomatous degeneration and become malignant. All of these terminations are, however, exceptional. Generally the tumor continues growing until, or after, the menopause, and gives rise to symptoms more or less troublesome, and in many cases

*Read before the Medical and Chirurgical Faculty of Maryland, November 12, 1890.

sufficiently serious to demand active measures of relief.

The most pronounced symptoms of fibroid tumors of the uterus are pain, hemorrhage and interference with the functions of other organs by pressure. They may also produce great discomfort by their weight. Occasionally the sub-mucous variety undergo sloughing, when they may cause the death of the patient by septicæmia.

The pain produced by uterine fibroids is sometimes so severe as to be alone a sufficient reason for medical or surgical interference. It usually manifests itself itself at the menstrual periods as dysmenorrhœa, but may be constantly present as severe backache, bearing down simulating labor pains, especially in the sub-mucous variety, or neuralgia of the sciatic nerves. Sometimes there is persistent pain in the uterus itself, or, more probably, in its peritoneal covering, which is subjected to irritation or inflammation.

Comparatively small fibroids, situated low down in the uterine walls or in the cervix, may cause severe irritation of the bladder by pressure. There is often vesical tenesmus with frequent micturition, causing the most intense suffering.

The pressure upon the rectum may also give rise to constipation and great pain on going to stool. Hemorrhoids and œdema of the lower extremities are not infrequent complications, due to interference with the venous circulation. During the menstrual periods these pressure symptoms are generally increased in severity. Intra-pelvic or intra-abdominal pressure may also cause ascites, and in some cases localized peritonitic processes.

Hemorrhage is, in most cases, the symptom that urgently demands remedy. It is most frequent and gravest in the sub-mucous tumors, but may be an accompaniment of any variety. It may be alarming in cases where the tumors are so small as to be detected with difficulty on bimanual palpation. The bleeding usually occurs at the menstrual periods, which are prolonged and more profuse than normal. The menstrual interval may be normal in duration, but in many cases is shortened, so that the bleeding recurs in two or three weeks. The blood is frequently discharged in large clots. Indeed the discharge of clots at the menstrual period is an absolute indication of something abnormal, and should always invite attention to the condition of the uterus. In a very large proportion of cases it will be found to be an outward sign of fibroid growths.

A definite relation exists between uterine fibroids and sterility. Whether the sterility is a cause or a consequence of the morbid growths is not positively determined. Statistical compilations show that about 75 per cent. of the women having fibroid tumors have never borne children. This may be regarded as fortunate, for in cases of labor complicated with uterine fibroids over half of the mothers and nearly two-thirds of the children die.

The treatment of fibroid tumors of the uterus is pre-eminently surgical. Even the administration of ergot and savine may be looked upon as a surgical method of treatment, for the effect striven after in the use of these remedies is the extrusion, or partial extrusion of the growths, whose removal is completed by surgical means. While the deaths directly due to the use of ergot are probably few, most writers discountenance the treatment for these reasons: the ergot treatment is tedious, painful, often ineffective and even at times dangerous. When the tumor is forced into the uterine cavity, or through the cervix by the contractions induced by the medicine, the practitioner must be ready to interfere surgically, otherwise sloughing and sepsis are imminent.

The ideal operation for a fibromatous tumor is the removal of the tumor, leaving the uterus intact. Unfortunately in many cases this result cannot be attained. Nevertheless this should be striven for whenever possible. The marvelous success of Schroeder and Martin in enucleating fibroids and thus preserving the uterus should encourage us to an imitation of

their work. The enucleation of fibroids whether by the genital canal, or by laparotomy is in the true line of conservative surgery.

When a sub-mucous tumor projects into the uterine cavity or the vagina, its attachment is usually by a pedicle of greater or less thickness. When the pedicle is thin the tumor may be twisted off. The torsion seems to arrest all hemorrhage at the same time from the highly vascular mucous membrane covering the pedicle. When the latter is thick, the attachment may be severed with scissors, ecraseur, or galvano-caustic wire. I prefer the latter method as less dangerous, cleaner, more rapid and thoroughly aseptic.

When the tumor is attached by a sessile base, the mucous membrane and capsule over it may be split with a knife after carefully dilating the cervix under aseptic precautions and then enucleating the tumor from its base. To arrest hemorrhage a tampon of iodoform or creolin gauze may be packed against the bleeding surface. Great care is requisite, however, not to allow the tampon to remain too long, as the secretions may be backed up through the tubes and cause salpingitis or other inflammatory disturbances in the pelvic cavity. I am sure I produced a pelvic peritonitis in one case by the improper use of a tampon to arrest hemorrhage after amputation of the cervix.*

Sloughing of a sub-mucous fibroid is not necessarily fatal, as careful disinfection of the genital canal before and after operation will often avert sepsis.

Vaginal enucleation of sub-serous tumors of the cervix may sometimes be practised. The operation was first done by Czerny. An incision is made through the vaginal fornix, avoiding the large vessels on the sides of the cervix, and the tumor enucleated from the tissue of the cervix and the pelvic connective tissues.

Tumors of considerable size may be delivered by intrauterine and vaginal enucleation. If the growth is too large to remove entire it may be diminished in size by subdividing it with scissors, saws specially devised for the purpose, or the galvano-caustic wire. The operation should always be completed at one sitting for to allow part of the tumor to remain is an invitation to septic absorption. Judgment and experience are required, however, to decide when the growth has reached a size that does not permit its safe removal by way of the vagina.

The enucleation of fibroids through an incision in the abdominal wall,—laparomyomectomy—is indicated in certain cases where the tumor cannot be removed by the vagina. It is at once a graver operation than the latter, and accompanied by a considerable mortality. If the tumor is subserous and attached by a thin pedicle, its removal after section of the abdominal walls is not difficult. The pedicle may be transfixed by a double ligature and tied tightly, the tumor cut off above the ligature, the peritoneum stitched over the end of the stump, and the external wound closed. Unfortunately the tissues of the pedicle often shrink after the tumor is removed, and hemorrhage may take place from the stump. To avert this accident various measures have been adopted by different operators. Some remove a wedge-shaped plug from the face of the stump and sew the opposing raw surfaces firmly together by deep and shallow sutures, lastly bringing the peritoneum together over all. This is usually efficient, but consumes valuable time. Other operators clamp the stump in a wire-snare (Koeberle's serre-noeud) or a constrictor of parallel steel bars (Keith's clamp) and bring it outside of the abdominal wound, where the constricted portion of the stump mummifies or sloughs off. The peritoneal covering of the sides of the stump is stitched to the parietal peritoneum and so closes the peritoneal cavity against any discharges from the end of the stump. This method gives better results than the intraperiton-

*In reference to this point, Sir Spencer Wells says: "I have occasionally put on 1 or 2 prs. of pressure forceps to a pedicle, either before cutting away the pyopus, or when bleeding occurred after the cutting away, and have left the forceps hanging out of the vagina for several hours: and I prefer this method to the more common one of applying perchloride of iron and plugging the vagina."

eal method, but leaves much to be desired in the way of surgical neatness and rapidity of healing. It is also at times attended by other inconveniences and dangers, especially if the pedicle and uterus are much put upon the stretch.

When the growth of the tumor is sessile and directly under the peritoneum or covered by a very thin layer of uterine tissue, it may be enucleated by making a bold incision over the tumor, and shelling it out of its base.

To guard against excessive bleeding an elastic ligature—a piece of rubber tubing—may be tied around the cervix, including within the ligature the arteries supplying the uterus and appendages. Even large growths may be removed in this way. If the cavity left in the uterine tissue is too large to get good coaptation between its walls, it may be packed with iodoform gauze as practised by Fritsch and the edges stitched to the abdominal incision, in order to secure free drainage and make the cavity accessible to external treatment.

Deep intra-mural, or even submucous tumors may be treated by this method, but the results are less and less favorable the more the uterine cavity is opened.

Sometimes the uterine walls are so occupied by the new growths that their total removal can only be accomplished by the excision of the uterus, or at least that portion above the cervix. This operation is one of the gravest in surgery and gives, in the hands of nearly all operators a high mortality. The total extirpation of the uterus including the cervix, by way of abdominal section has not been very often done, but with present methods should give more favorable results than supra-vaginal hysterectomy.

In the latter operation the stump very often gives trouble either from hemorrhage or sepsis.

Complete removal of the uterus at the vaginal junction, approaches the conditions of vaginal hysterectomy and should give very little higher mortality than the latter. However, at best, the complete or partial extirpation of the uterus is an operation of great gravity and should only be resorted to when all other means promising success have been tried.*

Tait has called especial attention to the soft œdematous myofibroma, which often gives the impression on examination, of containing cysts. This tumor frequently fluctuates in size, being now larger, now smaller, without any apparent cause. These, as well as fibro-cystic growths of the uterus are particularly suitable for complete extirpation by abdominal section. No other operation or method of treatment seems to control their growth or arrest the hemorrhage which is a frequent accompaniment.

In 1872 Lawson Tait, of Birmingham, and Alfred Hegar, of Freiburg, almost simultaneously devised the operation of removal of the uterine appendages—ovaries and Fallopian tubes—with the view of artificially inducing the menopause and thus arresting the growth of fibroid tumors by cutting off the principal source of blood supply to the growth. This operation has now probably been done over one thousand times with very satisfactory results. Tait's† own results, as shown in a statement recently furnished by him, are extremely favorable. In 426 cases 16 died, a mortality of 3.75 per cent. Tait also declares that 95 per cent. of the cases of fibroid operated by removal of the uterine appendages are cured—that is to say, the bleeding is arrested and a large proportion of the tumors diminish in size, some disappearing altogether. These effects have been established by many observers, especially when the cases have been properly selected. As above pointed out, in the soft œdematous growths the arrest of the bleeding does not seem to follow so regularly as in the hard, nodular fibroids.

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*Several American surgeons have done complete extirpation of the uterus successfully, and A. Martin reports eleven recoveries out of sixteen operations, a pretty high mortality.

Fritsch's mortality in all cases of hystero-myomectomy, including enucleations is 25 per cent. Bantock's 22 per cent.

†MacNaughton Jones, Diseases of Women, 4th Ed., p. 340.

The cause of the arrest of the hemorrhages after removal of the appendages is probably due, as suggested by Mr. Knowsley Thornton,* to cutting off the blood supply by ligature of the large vessels in the broad ligaments, and not merely to removal of the ovaries and Fallopian tubes. As a matter of fact, the mere extirpation of the ovaries alone often fails in producing the expected results.

The high mortality of the abdominal hystero-myomectomy, and the opposition on many sides to the removal of the ovaries, which, it is claimed by many, unsexed the woman,‡ led Dr. George Apostoli, of Paris, about 1882, to experiment with the galvanic current in the treatment of uterine fibroids. It is true Cutter, Kimball, and perhaps others, had used galvanism successfully for this purpose before, but Apostoli developed a method by which the application of electricity is reduced to scientific exactness. The improvements in the instruments for generating, measuring and applying electricity now permit the physician to administer this remedy with as much exactness in dosing as any other therapeutic agent at his command. It would take too much time here to describe the apparatus or the methods in use. For a full description I refer to pages 327–350 of "Practical Electricity in Medicine and Surgery," by Liebig and Rohé, and to Dr. G. Betton Massey's excellent little book on "Electricity in Diseases of Women," both published by F. A. Davis, Philadelphia.

In 1887 Dr. Apostoli reported 278 cases treated by this method with a successful result (arrest of hemorrhage, diminution in size, disappearance of pain and pressure symptoms) in 95 per cent. The average number of applications was fifteen in each case. In August, 1889, Dr. Thomas Keith§ and his son, Dr. Skene Keith, published a detailed record without commentary of 106 cases treated according to the method of Apostoli. The average number of applications in the cases treated to a termination was twenty-eight. Three of the cases died during or shortly after the discontinuance of the treatment, but in neither case was the fatal result attributable to the applications. Admitting, however, for the sake of argument, that the electricity was the cause of death, a mortality as low as 3 per cent. cannot yet be claimed by any operator in hysterectomy, and even in the comparatively safe operation of removal of the appendages, very few operators can show as favorable results as Keith has obtained with electricity.

I have carefully gone over the record of the cases reported by Keith and have been surprised at the almost uniform improvement noted. Diminution in size of the tumor, arrest of hemorrhage, relief of pain and general improvement in the nutrition and spirit of the patient are recorded in nearly every case.

August Martin,† the greatest living gynecological surgeon of Germany, has very recently referred to ten cases treated by him in the following words: "The results in these ten cases show that hemorrhage, the most troublesome and dangerous symptom of myomata, may usually, indeed, be controlled, in fact, in those large multiple tumors, which apparently were situated intramurally, and included the fundus, hemorrhage ceased nearly entirely. Several small tumors were not influenced in the same manner, and the hemorrhages continued unchanged in spite of very frequent sittings, so that here the result must be regarded as a very doubtful one. One patient, who had a myoma of the size of an ostrich egg, had such violent pains after seven sittings that she insisted upon being operated. The operation was performed, and the patient recovered. A second symptom, often so frequently

*Am. Gynecol. Trans. 1882.

‡This objection is not tenable as the "unsexing" consists, merely in anticipating the menopause, which is one of the natural characteristics of the human female.

§The Treatment of Uterine Tumors by Electricity, Edinburgh, 1890.

†Introduction to Am. Translation of Martin on Diseases of Women, Boston, 1890, p. 29.

complained of, is the phenomenon of pressure. These disappeared in all of nine cases, so that in this regard the result is very satisfactory. An essential decrease in size has, up to now, not been obtained in any case."

This is not very enthusiastic, but Dr. Martin admits that the symptoms for the relief of which hysterectomy is at all justifiable, were relieved in his cases. He states that he shall continue "making experiments with the procedure."

Numerous other competent observers in France, Germany, England and in this country have had successful experience with this method, and although there is a good deal of sneering at the method as being useless, and withal dangerous, and those who use and advocate it are denounced as quacks and "low-down, no-account sort o' pussons" generally, electricity in the treatment of fibroid tumors of the uterus has come to stay, and demands investigation.

Ridicule and denunciation are no answers to plain records of facts submitted by Apostoli, Zweifel, Martin, Keith and many others, less eminent, perhaps, but still of some account in the world.

Some of those who use the electrolytic method, apply it in office or dispensary practice, allowing the patients to walk or ride considerable distances after the application. This, I regard as imprudent, and likely to cause trouble. All the cases in which serious symptoms or a fatal result followed after the use of electricity were such as had imprudently exposed themselves. I regard it as important that several hours at least of perfect rest should follow each application. To allow this course to be pursued it is requisite that the patient should be treated at her own home, or in a properly fitted institution.

It goes without saying that careful asepsis of the genital canal should be maintained during the electrical treatment as well as in the gravest and most delicate surgical operation.

Laparo-hysterectomy puts the woman in jeopardy of her life and keeps her a helpless invalid for at least one month. The electrolytic treatment keeps her under moderate restraint for a period of two or three months, does not endanger her life, and leaves her generally in such a condition of comfort and health that she is satisfied to live her allotted days, even though she is obliged to carry her tumor with her to the grave.

I would not advocate the exclusive use of electrolysis in the treatment of uterine fibroids. As stated in the beginning of this paper, a rational discrimination is demanded of those who treat this condition. Many cases are readily relieved by vaginal or intra-uterine division of the pedicle by scissors, eraseur, or galvano-cautery wire; others are best treated by vaginal, intra-uterine or abdominal enucleation. Large œdematous tumors or fibro-cysts should be treated by laparo-hysterectomy; bleeding fibroids of not too great size are proper cases for the removal of the appendages, and most large chronic, immovable tumors, choking up the pelvis, causing pain, pressure symptoms and hemorrhage, yield to the proper patient employment of the galvanic current, after the method of Apostoli.

18 West Franklin Street.

Society Reports.

MEDICAL AND CHIRUGICAL STATE FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT CAMBRIDGE, MD., NOVEMRER 11 AND 12, 1890.

The President Dr. T. A. Ashby in the chair. Dr. A. H. Bayley of Cambridge, delivered the

ADDRESS OF WELCOME

as follows:

Mr. President and Gentlemen of the Medical and Chirurgical Faculty. It is with rare pleasure I greet you a warm most warm heartfelt welcome to our beautifully embowered little city, and feel most deeply the compliment you have conferred upon us in selecting this place for the meeting of the Medical and Chirugical Faculty, being the first ever held on the Eastern Shore since its organization of nearly one hundred years ago and will be ever born in pleasing remembrance and mark an epoch in the history of our city.

I feel and believe that the medical profession of our city and county will derive much benefit and consequently the community at large from the learning and experience of this representation from the old time honored Medical and Chirurgical Faculty, and may it ever flourish in strength and usefulness a proud monument to its learned and noble founders whose memories will not fade away.

Again I greet you welcome, aye, thrice welcome and when you have returned to your homes in the beautiful and flourishing city of Baltimore, proverbial for its lovely ladies and elegant hospitalities, I do hope and trust that you may have been so impressed, that recollections of our dear old Eastern Shore may linger in memory with such kindly feeling as to impel you to grace again our city with your presence.

After which Dr T. A. Ashby delivered the

PRESIDENT'S ADDRESS.

(*See page* 67.)

Dr. R. Winslow then read a paper entitled

SIMULTANEOUS DISTAL LIGATION OF THE RIGHT COMMON CAROTID AND RIGHT SUB-CLAVIAN ARTERY FOR SUPPOSED INNOMINATE ANEURISM.

RECOVERY FROM THE OPERATION.

A dissipated woman had five miscarriages. There was pulsation at the root the of right side of the neck at the sterno-clavicular articulation. She was put on low diet, and given iodide of potash, ten grains. Effect not being good, an operation was performed and the subclavian and innominate arteries were ligated at their distal ends. She was kept quiet for some time, and now seems well. In such cases, if the aneurism shows no tendency to break, or cause great inconvenience, try postural treatment and the iodides, and postpone operation. He then gave some statistics of similar operations, and the number of aneurisms in age and sex. His operation is not dangerous when done antiseptically, and with an absorbable ligature.

In the

DISCUSSION

which followed

Dr. R. W. Johnson thought that in 1871 very few antiseptic operations were performed, and even now surgeons do not always operate antiseptically. It is not a point of election whether you do a distal or a proximal ligation. The strong pulsations of the heart are apt to break through the weak arterial walls. He also thought that the absorbable ligature was by far the best.

Dr. Winslow said that most men mentioned were those who operated since antisepsis was introduced, and it was fair to presume that they used it.

Dr. S. T. Earle then read a paper on the

USE OF ELECTROLYSIS IN STRICTURE OF THE RECTUM.

The definition of electrolysis should be exact. A good battery and a reliable milliampèremeter are both indispensable. A Leclanché battery of from thirty to fifty cells is sufficient. A salt solution of the skin increases the electrolytic action. He related several cases in which he used electrodes, gradually increasing in size,

and in suspicion of syphilis giving the iodide of potash.

Dr. Winslow asked if the cases had been under observation long. The cure cannot be maintained too soon after the operation.

Dr. W. S. Gardner referred to one case noted in which an electrode no larger than a match could be introduced, while after a short time Dr. Earle claimed to introduce an electrode one inch in diameter. Was this electrolytic action or simply dilatation?

Dr. Earle said that one case that was operated on two years ago was practically well now. As for the electrode, he said that often an electrode could not be introduced at first, and after the current was turned on it went in easily.

Dr. W. P. Chunn referred to one of the cases mentioned in which Dr. Earle said there was a neoplasm in Douglas's cul-de-sac. This disappeared after treatment. Did he think it was a growth removed by electricity.

Dr. Preston said he had not used electricity in this connection, but only facial blemishes, etc. He thought the idea was only to decompose tissue by a weak current, and not to cauterize it by a strong current as Dr. Earle seemed to do. Some currents are too high.

Dr. Earle said, in reply to Dr. Chunn, that it was not a myoma, but simply an infiltration of tissue around the rectal walls, In reply to Dr. Preston, he said his experience with both weak and strong currents in these cases was that the strong current was decidedly better. These currents do not produce cauterization.

Dr. S. K. Merrick then read a paper on

SOME OBSERVATIONS ON FIBROMA OF THE NOSE AND NASO-PHARYNX, WITH A REPORT OF THREE CASES.

After defining fibroma and observing that the cause was not evident and that the negro, who was so subject to uterine fibroids, never had nasal fibromas, he drew up a general sketch of diagnosis and treatment and then related at length the three cases.

Dr. John N. Mackenzie then read a paper entitled

POST-NASAL OBSTRUCTION IN CHILDREN.

This is a subject of the utmost importance. It is wonderful that only in the past fifteen years, Meyer, of Copenhagen, was the first to introduce it in 1875. He called it adenoid growths of the naso-pharynx. The adeno-adenoma of the vault of the pharynx is the most common cause. It is generally post-nasal. Obstruction of the nares is incompatible with viability of the fœtus. It is most common in children from the fourth to fifth month. Pliny spoke of it. It grows from the vault of the pharynx as a mass of adenoid tissue, called by the Germans the tissue of Luschka, although discovered by Schneider. It begins by a proliferation, then small tumors appear, which may hang down in the pharynx like stalactites or bunches of grapes. The papillomatous form of pharyngeal growths is more frequently met with in this part of the country, while in patients from the West and Lake regions, it presents the greatest varieties of growth. In Boston the stalactite variety predominates. In England he found this very common. The diagnosis is sufficiently easy. It may be confused with a fibroma if the vault of the pharynx, but the treatment is the same. Those who do not make the diagnosis with the rhinoscopic mirror may use the finger. It is like touching an earthworm, and if blood is on the finger when it is withdrawn these two facts will confirm the diagnosis. He uses the forceps which bear his name. When a child is brought to him with nasal obstruction or with symptoms of non-suppurative otitis media, he introduces these forceps without making a diagnosis and rarely fails to bring away the growths. These growths have a great effect on the

child, who breathes through his nose; his nose becomes flattened and he has a frog face. This facial expression is characteristic. Meyer, of Copenhagen, uses a "Ringmesser," or guillotine-knife, introduced through the nose. The best methods seems to be the forceps. As a rule he does not give anæsthetics. Occasionally the hæmorrhage is very severe.

Dr. B. W. Goldsborough, of Cambridge, in referring to Dr. Merrick's paper, said he had seen one of the patients and he was well.

Dr. Wilmer Brinton asked what was the smallest child operated on by Dr. Mackenzie.

Dr. Mackenzie said he did it to those in arms three or four months. In referring to to Dr. Merrick's paper, he said the instrument was apt to break, as it had done once in his case. He said he did the operation every day, and at the Johns Hopkins Hospital in one month he did it 170 times.

Dr. S. K. Merrick said he used Mackenzie's forceps. In one case when he could not reach with with the forceps, he used his fingers with success.

Dr. Wilmer Binton read a paper on

PROLAPSE OF THE FUNIS,

(*See page* 111.)

Dr. W. P. Chunn asked what the hæmorrhage was from in Dr. Brinton's cases.

Dr. B. W. Goldsborough, of Cambridge, said he had a case of this kind. He tried to stop the hæmorrhage in vain. Everything failed until he applied turpentine to the fundus of the uterus and all bleeding stopped.

Dr. Brinton said many people had never seen a case like the one he related. He had seen four and in one he applied the forceps, and the hæmorrhage came from the cervix. He kept tampons on for several hours and gave ergot. He feels sure that the blood did not come from the interior of the uterus. It should be decided what course shall be followed the very minute the funis presents.

Dr. W. S. Gardner said such cases were very difficult to treat and needed prompt attention.

Dr. J. C. Clark, of Federalsburgh, presented a case of

PROFOUND ANÆMIA.

He brought the case for diagnosis. The patient had been an invalid for eight years, and had been under his treatment for the past year without much sign of improvement. The history is very imperfect. His countenance is poor, sight very bad, he complains of muscular weakness and sick stomach, nausea and occasionally vomiting, has a poor appetite, and bowels regular. There has been no improvement for eight years, no better, no worse. He is pale, urine contains no albumen.

Dr. William Osler examined this case and suggested that it was profound anæmia, due to trouble in the large intestine. Such cases often have these retinal changes. The patient was not much emaciated. In these cases iron is not good, but some form of arsenic is better. Cases of pernicious anæmia often fail to improve under iron, and recover under full doses of arsenic.

Dr. W. S. Gardner then read a paper on the

RELATION OF ALBUMINURIA TO PUERPERAL ECLAMPSIA,

in which he gave the result of an examination of a large number of cases at the Maryland Maternité. Heat and nitric acid were used. His conclusions were: 1. The presence of albumen in the urine of a pregnant woman is not sufficient cause upon which to base a prognosis of probable eclampsia. 2. The failure to find albumen in the urine of the pregnant woman is no evidence of its absence, or at least of the continuance of the absence, of the condition that gives rise to

puerperal convulsions. 3. Albumen is so frequently found in considerable quantities in the urine of patients immediately after the appearance of puerperal convulsions that we are justified in making the statement that the convulsions are the probable cause of albuminuria

Dr. Brinton was much pleased with this paper. He thought that if we could collect a large number of cases, much more than presented in this paper, we should be warranted in drawing conclusions as he has done. We cannot always look to the kidney lesion as the cause of death.

Dr. G. J. Preston thought that some lesion of the central nervous system might cause the trouble.

Dr. Osler said that in Montreal he had made the autopsies for ten years, and that in not a single instance were the kidneys in such cases found normal, except one case, which showed an immense cranial hæmorrhage, the clot extending from the third to the fourth ventricle of the brain.

Dr. Gardner thinks this experience very exceptional.

Dr. Preston asked if the women were systematically examined in each instance.

Dr. Gardner said that the urine was examined in a routine manner in each case, and was done with average care. The object of these urinary examinations was to see if the prognosis of eclampsia could be made before pregnancy.

Dr. R. W. Johnson then read a paper on

THE SURGICAL TREATMENT OF NON-PYÆMIC ABSCESS OF THE LIVER, WITH REPORT OF A CASE,

in which he principally advocated aspiration, even in the smallest abscesses, as opposed to incision. The aspirator should be used in diagnosis.

Dr. R. Winslow said that such cases were not so infrequent in this climate as many supposed. All cases he has seen were Germans. He does not agree with Dr. Johnson in the treatment with the aspirator. Small abscesses may be cured by the aspirator. An abscess of the liver should never be allowed to break. It may break inwards and cause death.

Dr. Wm. Osler said he had seen more abscesses of the liver in the sixteen months that he had been in Baltimore than in five years in Philadelphia. Some abscesses will not get well by aspiration; often they are so low down in the liver that they cannot be found except by incision. Very often there is also a multiple pyelo-nephritis. He related a case in which the diagnosis was only made by a laparotomy,

Dr. Preston also related a case of hepatic abscess occurring in his practice, and then

Dr. Geo. J. Preston read a paper on the

DIFFERENTIAL DIAGNOSIS AND TREATMENT OF PERIPHERAL NEURITIS.

He gave the pathology of the disease, its manner of invasion, the symptoms, and said it was often confounded with polyo-myelitis in the adult. He related a number of cases occurring in his practice, He thought that it was of more common occurrence than was usually supposed.

Dr. Wm. Osler agreed with Dr. Preston in saying peripheral neuritis was more common than usually supposed. There are often mistakes in the diagnosis, unfortunately. The gait is very characteristic. It is the "steppage" of the French, in which the foot is lifted high to get the toes of the ground. This is so characteristic that the diagnosis can be made from that alone. He had seen it after alcolholism, arsenical poisoning, and typhoid fever. It is so much like locomotor ataxia that an unfavorable prognosis is apt to be made. He referred to a case in his own practice in which neuritis was mistaken for ataxia.

Dr. H. Harlan then read a paper entitled

PYOKTANIN IN EYE DISEASES.

He was lead to use pyoktanin from its unusual claims, as given in *Merck's Bulletin*. He thought it impossible for it to do so much. He had given it a very thorough trial, and was more than pleased with it. In some cases nitrate of silver was better.

Dr. H. Woods then read a paper on the

INJURIOUS USE OF REMEDIES IN EYE AND EAR DISEASES,

in which he discussed the use of wrong remedies, or strong remedies producing harm. Much of this was done by the general practitioner, who did not want to turn a case over to a specialist.

Dr. Harlan said he had seen such cases as related by Dr. Woods.

Dr. Wm. P. Chunn. read a paper on

REMARKS ON VAGINAL EXAMINATIONS,

which gave some very useful hints, and was very well received by the Society.

Dr. Charles P. Noble, of Philadelphia, thought that the touch was often better than the speculum, except in cases of pelvic tumors, malpositions, etc. He spoke of the methods of examination at the patients home, etc.

Dr. Wm. B. Canfield read a paper on the

IMMUNITY AND PROTECTION FROM DISEASE,

in which he reviewed the last theories thereon.

After the election of new members and routine business, the society adjourned.

Drs. S. C. de Krafft, of Cambridge, J. A. Stevens, of Oxford, Enock George, of Denton, and A, C. Jones, of Crapo, were elected members and many others applied, whose names will be acted on at the annual meeting in April.

A NEW MEDICAL DISCOVERY FOR SEASICKNESS

A new medical discovery for seasickness has been announced, which is simply invaluable. It is a sure method to prevent seasickness, and a new proof of the truth of homœopathic dogma. All one has to do in order to cross the Atlantic without an abdominal pang is to produce artificial sea-sickness on shore previous to making the passage. For two weeks before going to sea it is necessary to take continual doses of some approved emetic—say ipecacuanha. The system thus becomes habituated to a constant condition of nausea, and when, after a fortnight of this process, the patient goes on board and ceases to take his emetic his stomach scorns to yield to sea-sick- and he has a week of comparative internal peace. Of course there will be fault-finders who will ask if it is worth while to be sick two weeks on shore in order to avoid one week of sickness at sea, but such a flippant and trivial objection cannot lessen the value of a great medical discovery.—*Sanitarian.*

Dr. J. G. Orton as President of the New York State Medical Association, has offered a prize of $100 for the best short popular essay on some subject connected with practical sanitation, under the following conditions:

1. Competition to be open to all.

2. Essays to be forwarded to the Secretary of the Association, Dr. E. D. Ferguson, Troy, N. Y., not later than August 1, 1891, accompanied by the name of the author under separate seal.

3. Examination and award to be made by a committee appointed by the Council of the Association.

4. The successful essay to be read at the next annual meeting of the Association, and, if approved by the council, to be offered for publication in the secular press, and issued in tract form or otherwise for general circulation.

6. Authors of essays, unsuccessful as far as the prize is concerned, but found worthy of special commendation, to receive intimation as to a proper disposito be made of them.

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

BALTIMORE, DECEMBER 6, 1890.

Editorial.

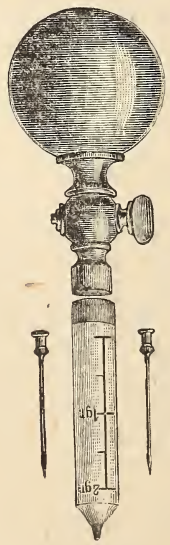
KOCH'S TREATMENT FOR TUBERCULOSIS.

Very little more is known of Koch's treatment for tuberculosis than when it was announced, three weeks ago. Berlin is crowded with physicians and patients, many of whom would have much better stayed at home.

The *British Medical Journal* has some particularly interesting notes on this subject in its issue of November 22nd. Through everything Koch's line of action seems to be understood by all intelligent medical men, and notwithstanding the laws of Germany forbid all secret medicines and also forbid medical men from selling drugs, and Drs. Koch and Libbertz are breaking these two laws, still no one has thought of raising an objection.

A small amount of the lymph has been taken to England, but too little to test it, At present all attention should be given to its preparation, and as fast as possible it should be distributed to government centres, large hospitals, etc., care being taken that it does not fall into unscrupulous hands.

All who have done bacteriological work, are perfectly familiar with Koch's syringe. It is so made that it can be taken apart and thoroughly sterilized. For those who may not be familiar with this instrument we produce a cut of it, which we have received from the maker, Herr. E. Kraus 55, Kommandantenstrasse, Berlin, as used by Professor Koch and his colleagues in their antitubercular inoculations. As will be seen, it is a slightly modified form of the ordinary Pravaz's hypodermic syringe.



The instrument consists (1), in an exactly graduated glass cylinder of the

capacity of two grammes, with a conical nozzle for the reception of the hollow needle; (2), a stopcock of German silver with elastic ball; (3), two hollow needles. When the stopcock is closed, the upper part of the glass cylinder filled with injection fluid is fixed into the hermetically closed cone of the German silver stopcock. After the canula is introduced, the stopcock is opened and the remedy injected by pressure on the India-rubber ball.

THE VALUE OF A TITLE.

Few men revel in their titles with more delight than the medical man just graduated, and the military man who has never smelled powder. A title often much harder to get is the one that prefixes an article, a monograph, or a book. Publishers all admit that many a book depends on its title alone to sell it. Many an author names a work after creating it. There is a man in London whose business is said to be to read manuscripts and give them good titles. In medical literature the necessity of making a "title clear" is often felt. Many a good articte is left unread because the writer has given it a vague title or one that would apply to a dozen other articles equally as well. An exchange has already pointed out the folly of calling an article "An Interesting Case," or some such title. Let the title show, if possible, what the article or book contains. This may not be so important for the reader who has the article before him, but is puzzling to a writer who is looking through the index and comes across such vague names.

Correspondence.

CAMBRIDGE LETTER.

Cambridge, Md., Nov. 13, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—In the words of Dr. John N. Mackenzie, "We have met on that beautiful shore," and have enjoyed the pleasant intercourse and hospitality of the physicians of Cambridge.

After a breakfast and a short walk on some of the principal streets, the members of the State Society and others met at Independence Hall at 10 A. M,, when we were cordially received in and address of welcome by Dr. Alexander H. Bayley, and then heard the President's address by Dr. T. A. Ashby.

It is not easy to say just what good such meetings do. We do know, however, that the Hagerstown meeting has brought the physicians of Western Maryland nearer to us. It is very likely that the Cambridge meeting will more firmly unite the ties of professional friendship from Eastern Maryland. Drs. Bayley, Williams and Goldsborough treated their guests right royally, and all left fully satisfied that this meeting was by no means a failure.

Besides the physicians of Cambridge, many came from miles around to attend the meeting, and while the papers were all by Baltimore physicians, the local members took part in the discussions and showed an interest by their presence. Several new members were elected and names were suggested for election at the April meeting.

Reviews, Books and Pamphlets.

Cyclopædia of the Diseases of Children, Medical and Surgical. EDITED BY JOHN M. KEATING, M. D. Volume

IV. Philadelphia: J. B. Lippincott Co. 1890.

With this volume the Cyclopædia is complete. Differing from the ordinary text-book, it will serve as a valuable work of reference for many years to come. This volume contains the ear, the eye, hygiene, diseases of the nervous system, which latter subject makes up almost the whole volume. The disease of the eye are divided into three parts and each part is very fully and separately treated. The ophthalmoscopic plates are abundant and seem to be very well executed. It might, however be a question whether all the conditions noted occur in children. School hygiene forms an importand subject usually much neglected. The illustrations all through the work are excellent, and some quite typical, but many seem to apply only to adults. This volume is in no way inferior to the other three. The authors and publishers have every reason to congratulate themselves on issuing a work so successful, scientifically and financially.

A Manual of Auscultation and Percussion. By Austin Flint, M.D. LL.D. Fifth edition, thoroughly revised by J. C. Wilson, M. D. Philadelphia: Lea Brothers & Co. 1890.

Previous editions of this excellent manual have been noticed in these columns. This one has been thoroughly revised and brought up to date, in other respects it is unchanged, still presenting that clear style so characteristic of the author.

Medical Bulletin Visiting List for 1891. Philadelphia: F. A. Davis.

This differs little from the list of last year. The binding is not as strong as would be desired. in other respects it is very good.

An Analysis of the Motor Symptoms and Conditions of the Ocular Apparatus, as Observed in Imbecility, Epilepsy, and the Second Stage of General Paralysis of the Insane. By Charles A. Oliver, M.D., Ophthalmic Surgeon to St. Agnes's Hospital, etc., Philadelphia. Rprint. 1890.

An Address on Ether-Drinking: Its Prevalence and Results. By Ernest Hart, Editor of the *British Medical Journal.* Reprint. 1890.

Treatment of Catarrh. By J. J. Stephens, M. D., of Clinton, Mo. Reprint.

A Report of Eighty Miscellaneous Abdominal Operations. By Joseph Taber Johnson, A. M., M. D., Ph. D., of Washington, D. C. Reprint.

Malaria and the Causation of Intermittent Fever. By Henry B. Baker, of Lansing, Mich.

A Road-Help for the Country Doctor. By S. O. L. Potter, M. D. Reprint.

Some Manifestations of Rachitis not always associated with Severe Bone Changes. By Walter Lester Carr, M. D., of New York. Reprint.

The Medical Profession as a Public Trust. By John G. Orton, M. D., of Binghampton, N. Y. Reprint.

Miscellany.

ON THE CAUSE OF THE FIRST SOUND OF THE HEART.

As is well known it is usually stated that the cause of the first heart sound is partly valvular and partly muscular. Some indeed contend that it is purely valvular, some indeed that it is purely muscular. The chief experiments on which the doctrine of its muscular origin rest are the classical experiments of Dogiel and Ludwigs. Kesem-Beck (*Pflügers Arch.*, xlvii, p. 53.) under

Dogiel's direction, has reinvestigated the subject. As in the original experiments, the excised heart was placed in a glass jar, but in place of Königs stethoscope two ear specula were introduced from the auricles into the auriculo-ventricular orifices, and so filled these orifices as to prevent any tension of the valves taking place. Nevertheless, the first sound remained, had the same pitch, but was weaker than in the living animal. In a second series of experiments auscultation was practised on a dog, in which resection of several ribs was performed on the right side, so that the supply of blood to the heart could be cut off by pressure with the finger within the chest. The blood pressure was measured at the same time. On applying pressure both heart sounds were heard for a short time, then the second one disappeared, while the first sound remained, but it was not so loud as before. During the compression the heart received only 5 to 10 cubic centimetres of blood. He concludes that the first sound can only be a muscle sound; its enfeeblement in a bloodless heart he ascribes to the diminution of the energy of the cardiac muscle. It is somewhat remarkable that one of Ludwig's pupil's, L. Krehl [*Archiv. f. Anat. u. Physiol.* [*Phys. Abth.*] . p. 252, 1889], should almost simultaneously have reinvestigated the cause of the first sound, and that he comes to exactly the same conclusion that Ludwig and Dogiel did now over twenty years ago. Ludwig and Dogiel's original paper was published in *Ludwig's Arbeiten,* 1869. A small apparatus was introduced through the wall of the auricle until it came to lie in the auriculo-ventricular orifice. The apparatus was arranged so that after its introduction its end could be expanded, and thus keep the auriculo-ventricular valves from closing. On auscultating the heart, no one—not even the practised physicians who were asked to listen to the heart sounds—could distinguish with certainty differences in the strength of the first sound, whether the apparatus was used or not. The muscular nature of the first sound was also confirmed by the following accidental observation. When a dog is bled from the carotids, as soon as a considerable amount of blood is shed one ceases to hear the second sound, but the first sound can still be heard for some time, and it is a fairly loud sound. Only just before death, and when the heart is beating feebly, does it become weaker. This shows that while the heart is nearly empty of blood, and the auriculo-ventricular valves are no longer stretched, there is still heard a fairly loud tone. It was found that the valveless auricles also emitted a sound during the acts of contraction, a tone which has the character of the first sound, only feebler.—*Brit. Med. Journal.*

COLOUR-BLINDNESS AMONG SEAMEN.

We learn from a contemporary that Mr. G. L. Swanston, Assistant Secretary to the Board of Trade, has forwarded a report to the Marine Department for the year ending May 31st, 1890, in which he gives the results of the examination in colors for masters' and mates' certificates of competency, as well as for other persons belonging to the mercantile marine. From this report it appears that the number of those who presented themselves for examination for the master's and mate's certificate of competency under form examination 2 amounted to 4662, being an increase of 219 over the previous year, when 4443 were examined. The number of those who were rejected for inability to distinguish colors was 23, which is only one in 200, a much smaller proportion than might have been anticipated from the percentage numbers usually given which amount to 3 or 4 per cent. in the previous year 18 were rejected out of 4443 for this cause, or 1 in 244—a still smaller percentage. The number of persons examined in colors only under form examination 2A amounted to 839, of whom 20 were rejected, or 1 in 29, which is about 3.3 per cent., being a reduction of about 1 per cent. as compared with the previous year, when

out of 789 candidates examined 36 were rejected. The mode of conducting the color test examination was the same as that described in the report for the year 1887—viz., by slips of colored paper and by colored glasses in a bull's eye lantern at 20 feet; but the whole subject of color vision and the best mode of conducting the examination are now under investigation by a committee appointed by the royal society.—*Lancet.*

PHYSICAL AND CHEMICAL CHANGES IN THE BLOOD IN DISEASE.

Dr. Sciolla, of Genoa, at the recent congress of the Italian Society of Internal Medicine, reported some interesting experimental researches on physico-chemical changes of the blood in different morbid conditions, He stated that the density of the blood diminishes during acute febrile states and the first stage of convalesence, increasing afterwards with greater or less rapidity according to the nature of the disease. The same thing is always observable in the density of the blood serum, with this difference, that it begins to increase as soon as there is any improvement in the condition of the patient, sometimes, indeed, a short time previously. The density of the serum is increased in malaria, whilst that of the blood is diminished. Tuberculous affections, unaccompanied by serious alterations of the blood, only slightly modify the density of blood serum and blood. The density of the blood serum and blood are both diminished in catarrhal jaundice, probably owing to defective assimilation of food. The density of the blood is almost normal, whilst that of the serum is increased, in cirrhosis of the liver and in cancer of the gall-bladder. The densities of the blood and serum are not sensibly diminished in benign forms of diabetes. The greatest diminution in the density of the blood is observable in diseases accompanied by grave morbid changes of the blood. The most striking examples were those seen in three fatal cases of pneumonia. Dr. Sciolla also observed the chemical modifications of the blood in pneumonia, typhoid fever, malaria, anæmia, and in leukæmia. About the fourth or fifth day of croupous pneumonia there is a marked diminution in the albuminoid substances of the blood, especially the globulin. The extractive matters increase during the febrile period. In convalescence the quantity of albuminoids, especially of the globulins, and also that of the serin, increase. The dry residue of the blood is not much diminished during the first stage of the disease, but it is so during the second stage, and continues less until convalesence. In typhoid fever the albumins of the blood diminish progressively (unless the diarrœa is excessive), and this diminution occurs at the expense of the serin. The extractive matters gradually diminish during the whole of the febrile period and even during the early stage of convalescence. In malarial fevers the amount of the albuminoids in in the blood serum (especially the serin and in a less degree the globulin) and the dry residue ef the blood diminish rapidly, while the dry residue of the serum and the extractive matters of the serum increase with the duration of the faver, the former in a slight degree, the letter enormously. In chloro-anæmia the albumins of the serum (especially the globulin) and the day residue of the blood diminish, while the dry residue of the serum increase. In leukæmia the amount of dry residue of the serum is very high, and the albuminoids of the serum are also above the normal, the serin being especially increased.—*Lancet.*

The *Lancet-Clinic* says: A Frenchman once remarked that he could not accustom his ears to the voices of castrated singers. This reminds one of the young lady who went to hear the eunuch Carestini sing. The whole world was praising his voice, but this girl remarked ingenuously: "He has a fine voice, but there is something wanting about him."

TREATMENT OF SEMINAL EMISSIONS.

According to the *Canada Lancet*, Bumstead recommends the following to diminish the frequency of seminal emissions:

℞. Potassium bromide, Tinct. of chloride of iron. } of each 1 ounce.
Water . . 3 ounces—M.

Dose.—One or two teaspoonfuls an hour after meals and at bedtime.—*Med. News.*

Medical Items.

A pharmaceutical society has recently been established in Berlin.

Dr. O. Motschutkowski, who name is associated with the introduction of the suspension treatment of ataxy, has been chosen President of the Odessa Medical Society.

Dr. Edward M. Hartwell has resigned his position in the Johns Hopkins University. No reason is given, and the action is said to be a great surprise to the trustees.

Professor Lewin, the well-known authority on syphilis, who has been disabled by illness for more than a year, has now recovered sufficiently to resume the duties of his chair in the University of Berlin.

Official statistics show that the number of deaths from phthisis in Berlin between 1880 and 1889 was smallest in 1881 and and largest in 1889. During the whole period referred to the total number of deaths from all causes was 322,192, of which 41,608, or 12.91 per cent., were due to pulmonary consumption.

Dr. G. E. J. Greene, Ferns, Co Wexford, communicated to the Dermatological Section of the International Medical Congress at Berlin a suggestion that a committee of specialists be appointed by the congress to draw up a reliable and intelligible nomenclature of skin diseases, on international principles. Dr. Greene considers that the systems now in vogue are uselessly complex and anomalous, and are responsible for much of the difficulty that practitioners find in getting a clear conception of the general principles of dermatology.

M. Alfred Nobel, who is described by the *St. Petersburger medicinische Wochenschrift* as "the well-known Russian petroleum prince," has given a sum of 50,000 crowns to the Carolina Institute of Stockholm, to be applied for the furtherance of experimental research in the sphere of medicine. A committee of Stockholm professors has decided that four-fifths of the interest shall be used every year in aid of scientific investigations on subjects connected with the healing art, the remaining fifth being allowed to accumulate to form a reserve fund.

Dr. Justus Dunot, the oldest physician in Cecil county, died at his residence on the Little Elk, last Monday, in the ninetieth year of his age, after an illness of several months, from the infirmities incident to old age. He was a native of Wilmington, Del., where he studied medicine. He graduated at the University of Pennsylvania in 1825. In early life he practised his profession in Philadelphia, and subsequently, in connection with the celebrated Dr. McClintock, had charge of the School of Anatomy in that city, of which he afterwards became the sole proprietor, until he was succeeded by Dr. D. Hayes Agnew.

Last week's issue stated that according to Muse's Directory of Physicians, just issued, there were not 600 practising physicians in Baltimore. This statement

was based on a hasty glance at this book, and was made because the number of physicians was thought be about 800. Dr. Muse writes that there are 641 physicians' names mentioned and asks for a correction. On making a careful count it is found that the original statement is correct. The number of names in this directory is 641, but of these 19 live in hospitals, 20 live outside of the present limits of the city, 2 do not practise and 1 is an undergraduate, leaving a balance of 599 practising physicians in the city.

There are said to be no fewer than 189,872 blind persons in European Russia, Poland and the Caucasus. In Russia the proportion of blind per 10,000 inhabitants is 21; in the Caucasus it is 15 for men and 14 for women; while in Poland it is only 7. There are three regions in Russia where blindness is particularly prevalent—in the extreme northwest to the west of the White Sea, in the east near the Asian frontier, and in the west near the Polish frontier. The condition is said to be on the increase, chiefly owing, it is supposed, to the spread of purulent ophthalmia neonatorum.

A telegram announces Surgeon General Jedediah H. Baxter, U. S. A., suffered a stroke of paralysis last Monday, from which it is feared he will not recover. Dr. Baxter left his office about five o'clock and started to walk home. He was apparently in the best of health; but, when a short distance from his office, he was seen to stop and then sink down on the pavement, partially supporting himself on one hand. He was carried into a physician's office nearby while in an unconscious state. He was found to be suffering from a stroke of paralysis, which included his whole left side. At a late hour to-night he had not recovered consciousness and there had been no particular change in his condition. A late telegram announces his death.

The Paris correspondent of the *London Lancet* writes the following curious story as having been told by a patient in one of the Paris hospitals recently while in a hysterical trance. Shortly after her admission, the patient, a young woman, had a violent hysterical fit, for the relief of which hypnotic sleep was readily induced. During her sleep she related with the most minute and circumstantial details the commission of a serious crime. As soon as she awoke the attendants recounted what she had said, whereupon she became much troubled and confused, and finished by avowing that the story was true. While taking into consideration that the young woman is a pronounced hysteric, it was, nevertheless, deemed right, on warning the patient that such was about to be done, to inform the police, to which course she evinced no objection.

With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of $400 for the best paper on "Opium Addiction as Related to Renal Disease." based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from Dec. 1, 1890, to either sex, and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, *Brooklyn Medical Journal* and *Journal of Inebriety*. Other papers presented are to be published in some leading medical journal, as their authors may select. All papers to be in possession of the Chairman of Award Committee, on or before January 1, 1893. The committee of award will consist of Dr. Alfred L. Loomis, President New York Academy of Medicine, Chairman; Drs. H. F. Formad, Philadelphia; Ezra H. Wilson, Brooklyn; Geo. F. Shrady, and Jos. H. Raymond, editor *Brooklyn Medical Journal*.

MARYLAND MEDICAL JOURNAL.

VOL. XXIV. No. 7. BALTIMORE, DECEMBER 13, 1890. NO. 507

CONTENTS

ORIGINAL ARTICLES.

The Visual Symptoms of Migraine. By Harry Friedenwald, A. B., M. D. 133

English Opinions of Koch's Remedy for Tuberculosis. London Lancet. British Medical Journal. 136

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held November 7th, 1890. The Notification and Isolation of Infectious Diseases. Discussion. 142

Gynecological and Obstetrical Society of Baltimore. Specimen of Hypertrophic Enlargement of the Cervix. Fibroid Tumor Removed from an Unusual Position. 143

EDITORIAL.

Diphtheria of the Urethral Orifice in the Male. 146

Koch's Treatment for Tuberculosis. . . 147

REVIEWS, BOOKS AND PAMPHLETS. . . . 147

CORRESPONDENCE.

Berlin Letter. 149

MISCELLANY.

Peroxide of Hydrogen as a Sterilizer of Milk.—Inoculation against Tuberculosis.—Treatment of Enuresis.—Milk Enemata in Uncontrollable Vomiting in Pregnancy. 152

MEDICAL ITEMS. 153

Original Articles.

THE VISUAL SYMPTOMS OF MIGRAINE.*

BY HARRY FRIEDENWALD, A. B., M. D.,

Lecturer at the College of Physicians and Surgeons, Baltimore.

The subject with which I wish to engage your attention is one of equal interest to the general practitioner, the neurologist and the ophthalmologist. The phenomena, which are quite peculiar, have been accurately examined by the ophthalmologist; the neurologist has attempted their explanation; the general practitioner is most often called upon to treat them. Now it is not my purpose to offer you anything new, and still I believe it not unprofitable to give the subject a little thought, for I am confident that the phenomena are often overlooked and as often misinterpreted.

During the last few months I have had several cases which present the disturbances in various forms.

Mr. J., aged 23, called at my office April 13. He is a carver, and complains that prolonged work causes his eyes to pain and brings on headache. Occasionally he has severe headaches and then his vision becomes very much blurred. On closely questioning him I find that he really suffers with two distinctly different forms of headache. The ordinary one is slight, comes on after prolonged work, usually late in the day, and while his vision is affected, it is affected only for near objects; he can still see well at a distance, but finds it an effort to see a fine object plainly when held close to the eye. He is sure that the effort and the strain in looking at his work are the causes of *these* headaches.

The other headaches are quite different and so are the accompanying visual

*Read before the Medical and Surgical Society of Baltimore, November 12, 1890.

disturbances. They usually come on in the forenoon (only once does he remember one to have begun in the evening). He cannot ascribe them to any cause.

The affection begins with a "flickering" or scintillation before the eyes. It appears to be before the left eye, but on closing each eye it is found that both are equally affected. This grows larger till it comes directly before the eyes, and lasts about 15 minutes. The flickering motion is very rapid, too rapid to be counted. At such a time he notices that everything to his left appears blurred, though the vision is not entirely lost even in this part of the field. The blurred portion is marked out by a ragged edge. After reaching the central portion of the field it gradually disappears, but is immediately followed by severe headache, (especially severe on the left side of the head), with sickness at the stomach, general weakness and nervousness. The sickness lasts about two hours, but the headache lasts until he goes to sleep, and has left him when he awakes the next morning. His skull is sore to the touch a couple of days longer.

This is quite a distinct form of headache; it is migraine, and the visual disturbances are of an entirely different charac ter from those due to his eye strain. Their chief charactertistic is that a part of the field of vision is lost; images here are not perceived; such a defect in the field of vision, ophthalomogists call *scotoma*. From the wavering, scintillating motion which we noted in our case, and which is a constant accompaniment, it is commonly termed *scintillating scotoma*. Referring again to the case, I may add that the patient was slightly hypermetropic and that the corresponding convex glasses (+0, 5 D sph) relieved him entirely of his eyestrain; whether they will have any effect on the migraine, remains to be seen, though I thoroughly doubt it. This patient's left pupil was usually much larger than the right, though the reaction of both was usually good. I scarcely think that there could be any relation between this and his migraine.

Case 2. Mrs. B. aged 49, emmetropic, having perfect vision, and but slight presbyopia, has suffered since her marriage (25 years ago) with sick headaches. But it is only about 3 or 4 years that these have been accompanied by visual disturbances. Her last attack occurred very recently, the one before about a year ago. The latter one she described thus:

Soon after a fright her vision suddenly became blurred. Only one half of an object could be seen distinctly, the other was wavering and indistinguishable. Looking at a face, for instance, she could only make out one half. In this both eyes were exactly alike, it mattered not which eye was opened, the appearance remained the same. A sick headache soon followed. These disturbances lasted from half a day to a day. This was likewise the character of her former attacks, and they were attributable to some excitement or strain, such as worry, overwork, etc.

Her recent attack was somewhat different. This time it was the central vision that was affected. A blurred spot seemed to cover the object gazed at, it was impossible to read or see persons plainly. A sick headache supervened, but the entire attack passed off in a few hours.

The shortness of the attack was perhaps due to a dose of antipyrine taken when it began. In former attacks the one side of the field of vision was defective, or as we should say:—she had temporary hemianopsia; in her last attack, the central part of the field of vision, the part directly gazed at, was defective.

In the third case the affection of the central vision is still better illustrated. (It is worth mentioning that there is a small spot of xanthelasma on the left upper lid of this patient to the nasal side.

Case 3. Mr. A. merchant, aged 25 suffers with nervous indigestion, bordering on hypochondria. He came to me on August 27th to ask advice respecting peculiar eye symptoms which had caused him much worry.

About every month or two he suddenly finds that he cannot see the object he looks at. Gazing at the face of a man who stood near him, he noticed that he could see nothing of the face but the beard. This disturbance lasted about half an hour. He defines the defect accurately. It is irregularly circular, with a zigzag border, which is luminous. It is similar to the effect of looking for a while at a bright electric light, excepting that the border of the defect caused in that way is not as irregular and is not luminous. There is a constant wavering at the same time. As soon as this disappears he usually gets a severe sick headache, lasting for the rest of the day. But there is a slight visual disturbance which always lasts for a day or two afterward. There is a wavering motion which annoys him somewhat in reading; it seems to be peripheral and not central like the main disturbance.

Case 4. Mr. B., an attorney, aged about 30 years, has complained of headaches since his 18th year. He has been under the care of distinguished oculists for some time, and had received cylindrical glasses to correct his slight astigmatism and two 4° prisms for an insufficiency of the external recti muscles. He had been advised here and in New York to have a tenotomy performed, or even a muscular advancement. I first examined him on March 24th, 1890. and found 0,75 D hypermetropic astigmatism, and 8° insufficiency of the external recti muscles, causing diplopia in the distance, and therefore ordered the cylindrical correction alone for near work and the same combined with prisms for the distance. He soon improved and by mild exercise has been able to do without prisms even for the distance, and now feels better than he has for many years.

This gentleman suffered with scintillating scotoma only during periods of steady study. At one time he had several attacks in succession at intervals of 3 or 4 days, at other times at intervals of several months.

But he has also had other forms of headaches; especially from his 18th to his 21st year while suffering from general debility, and during the last two years until the correction of his ocular defects was found; he has them very rarely now.

The scintillating scotoma in this case is a very typical one. Objects become indistinct, words appear only in parts, the one half distinct, the other gray and indistinguishable. There is an irregular zigzag boundary line, which has a fiery appearance and which gradually passes off to the side, this taking about half an hour. This is followed most frequently by a one-sided headache (usually on the side opposite the visual defect,) but headaches always supervene.

The patient attributes them to the over use of his eyes, and sometimes to drinking coffee, at the same time he says that at the time of their occurrence there is no greater discomfort in the eyes than before or after.

These cases illustrate some of the forms under which the phenomena are observed. The central or a peripheral portion of the field may be involved; within the part affected, objects are not distinguishable. There is always a wavering motion besides; and usually a luminous border, which is more or less zigzag, is a prominent symptom. In all cases the defect is more or less stationary, but the luminous border is often seen to move toward the periphery where it disappears; sometimes the temporary hemianopsia is brought on by the luminous border drawing out the defect as it travels toward the periphery. A headache usually follows, often a sick headache, but this is not constant. The defect is always the same in both eyes.

The disorder is sometimes ascribable to causes like those mentioned in Case 2. In but one of the cases was there muscular defect or insufficiency, the cause which Stevens assigns for most cases. But even in this one it is difficult to decide whether there is any causal relation.

In case No. 2 I mentioned that there was slight xanthelasma. This, as was first pointed out by Hutchinson, is not an in-

frequent concomitant of the trouble under consideration.

The pathology of this affection is obscure. It is certainly of central origin; the disorder must be situated behind the chiasm, as the hemianopsia shows. It is commonly believed to be located in the visual centers and like migraine to be of the nature of vasomotor disturbances. I shall not enter upon the treatment of this affection; it is the same as that of migraine in general.

922 Madison Avenue.

ENGLISH OPINIONS OF KOCH'S REMEDY FOR TUBERCULOSIS.

LONDON LANCET.

The publication by Professor Koch of an account of the method of treating tubercular disease which, as the result of years of patient research, he has discovered, may be taken as evidence that he himself is satisfied of its efficacy. No doubt this publication has been in a sense forced on him by the extraordinary anxiety manifested to learn something tangible concerning a remedy about which the greatest possible expectation has been raised. From one point of view, therefore. this early publication is to be deprecated, since it does not contain any records of cases, or any account of the lines pursued by the discoverer in the production of the remedy, and no exception can be taken to a postponement of final judgment until all these facts are before the profession. Nevertheless there are few men more worthy of confidence than Profeseor Koch, whose whole record is that of the patient, earnest seeker after truth, and who has already done so much to widen our conceptions of disease. That this is the general opinion is shown by the reception given to the first intimations by him that he was within reach of succeeding in his search for an antidote to the tubercular virus. Such a statement from many another source would have been received with more than incredulity, but this announcement, when made at the International Medical Congress, was welcomed as "glad tidings of great joy," for it was generally felt that Robert Koch was a man who seldom made a statement which he could not justify, and one who, in this particular instance, must have felt the tremendous issues depending on his utterances. This comparative absence of scepticism amongst the profession who have good reason for being sceptical of alleged "specific" cures is further explained by the conviction of the truth of the doctrine that tuberculosis is owing to the invasion of tho body by a parasitic bacillus of which Professor Koch was himself the discoverer, and with the life-history of which he is very familiar. If, indeed, he has succeeded in showing how this insidious foe of mankind can be held in check, he has crowned his first achievement by a still greater discovery, and will have earned undying fame.

It is, however, in the presence of the remarkable degree of public interest and of professional approval, somewhat difficult to take at present a thoroughly impartial and dispassionate view of the subject. In some respects the publicity given to his researches must be laid at the door of Professor Koch himself, whose announcement at the Congress raised expectation to so high a pitch, and although one gathers that, with the caution that has always characterized him, he himself would have preferred to delay the publication of his results until he was in a position to present the world with full details of the steps of his investigation, and of the nature of the substance for which he claims such remarkable properties, he has perhaps acted wisely in not further postponing such information as he felt justified in giving. In so doing he has satisfied curiosity up to a certain point, and the operation of the method is now being watched by num-

bers of medical men from all parts, who have gone to Berlin in the interests of their patient's, or as deputations from scientific bodies, or merely for their own personal information. But there are also obvious disadvantages attending the course which has been pursued, of which the chief is undoubtedly that it is led to the gathering in the German capital of many sufferers who had far better have remained at their health resorts until the remedy had been further tested, or, what is more to the purpose, until the supply of it should have become somewhat equal to the demand. And this leads us to express the strong opinion that it is incumbent upon Professor Koch to lose no time in making known the details of the method of preparation of the substance in question. We are quite aware that this disclosure is certain to be followed by the production of many spurious imitations of it, but the profession will surely take care that it is only furnished with the remedy from accredited sources. There may be great difficutties in securing the pure reagent, but there are institutions all over the world which are under the direction of men fully competent to follow in the foot-steps of Professor Koch. Thus in London we have, in the laboratory established by the Royal Colleges, of which Dr. Sims Woodhead is director, an institution which might well furnish supplies of the material in a trustworthy form. We say this beeause, amongst the many rumors that have been current of late, there has been one which seems to point to the intention of the German Government to retain, as it were, the monopoly of the remedy in its own hands, or, in other words, to become the proprietary of a vast patent-medicine factory. We do not believe such can be contemplated, although we think it might reasonably, be required that the "remedy" whatever prepared, should be tested as to its qualities by some central authority, for example, in the institute under Professor Koch.

Turning now to the extremely interesting paper which was published in Berlin at the close of last week, and which we reproduce in our impression to-day, we may remark at the outset that the action of the remedy is not precisely of the character which the statements made during the Congress led the audience to expect. It will be remembered that Professor Koch, after enumerating various substances which he had found capable of preventing the growth of the tubercle bacillus outside the body, went on to say that he had at length succeeded in obtaining a substance which operated likewise within the body of the guinea-pig, and, further, which rendered that animal insusceptible to the effects of tubercular inoculation. It appears, however, that this substance is not of the nature of a germicide, for he expressly draws attention to the fact that it acts, not by destroying the bacilli, but by killing the "living tuberculous tissue" in which these bacilli flourish. Nor is he at present prepared to state that its injection confers immunity in man as it apparently does in the guinea-pig. These statements are very remarkable. For since the adoption of the bacillary doctrine of tuberculosis, the common explanation of the new tissue formation has been that it is a necessary result of the action of the parasite. In a sense the alleged specific effect of Koch's injections is to hasten the process which is carried on more slowly in the natural way by caseation, sometimes leading to a spontaneous cure. But unfortunately the destructive processes and the spread of the local infection are seldom thus arrested; whilst, in addition to the specific action of the bacillus, there is further disorganization from the supervention of suppurative inflammation. Moreover, there is always a liability to the general dissemination of the bacilli throughout the body. According to Professor Koch's inference as to the *modus operandi* of his remedy, the tubercular subject cannot be regarded as cured until all these bacilli are expelled from the body, and yet by his method they are

only to be so got rid of with the elimination of the necrotic tissues themselves.

The remarkable selective property of the reagent for living tuberculous tissue is illustrated by Professor Koch in its effect upon lupus—a tubercular affection which is so striking an Instance of the localized form of the diisease, and in which the changes can be easily observed. These are observations which are open to ready confirmation, and we shall soon be in a position to hear more of them. The objection might be raised that lupus is not comparable to pulmonary phthisis. But this is at once met by the interesting, though meagre, facts given by Professor Koch about the effect of the remedy upon the latter affection. In respect to phthisis, it is of the greatest importance that the profession should be at once furnished with fuller records of the action of this potent remedy. It needs no special knowledge to appreciate the magnitude of the risk entailed by a procedure which is likely to set up in such vitally important organs as the lungs a widespread process of acute necrosis; and we confess to being astonished at the comparatively slight symptoms mentioned in the paper. Further, in all forms of chronic tubercular disease it is obvious that no remedy can restore tissue which has been destroyed by the relative inflammatory changes which accompany tuberculous processes. Hence the great importance to be attached to early diagnosis, and the injunction of Professor Koch to physicians to never neglect the systematic examination of the sputa for bacilli. as an important aid to such diagnosis, will not pass unheeded. But he himself furnishes us with another diagnostic aid derived from this injection itself. For so marked is its affinity for tuberculous tissue that a minimal quantity will produce very obvious reaction when injected in a tuberculous subject. And herein lies what seems to be the most remarkable fact of all that he has adduced. It is that the dose required to produce an appreciable effect varies inversely to the extent of tuberculous disease in the body; and that in proportion as the amount of tuberculous tissue is destroyed, so does the subject become capable of bearing without reaction the injection of larger and larger doses of the remedy. If all these statements are capable of corroboration, then indeed medicine will have made a notable advance not only in *the* treatment of this particular disease, but in the science of therapeutics. Hitherto the action of remedies has been largely a matter of inference and often of mere hypothesis. Now if the facts be well founded, we have a flood of light thrown upon the reason for the selective action of remedies and upon the doctrine of tolerance. But it opens up a wider vista still, for may not similar methods be applied to the treament of leprosy among the more chronic infective diseases, and possibly to the arrests of cancerous growths, not to speak of the acute specific diseases in which analogous processes take place.

It is idle to speculate upon the possible outcome of these remarkable researches. At present it is our duty to accept the statements which, coming from so trustworthy a source, can neither be lightly regarded nor inconsiderately dismissed. The profession throughout the world is prepared to test their accuracy, and would gladly welcome the practical fulfilment of the expectations that have been aroused by them. It is satisfactory to know that they will be thoroughly tested by competent and judicious clinical observers. We do not pretend to fore-cast their verdict. which to so many must be a matter of the greatest moment. In the interest of humanity, however. it is above all things needful that no exaggerated estimate be formed of the powers of the method, and that the utmost care be taken in the selection of cases for treatment, whilst at the same time there should be no abandoment of the recognized rules of our art in placing the victims of tuberculous disease in conditions favorable to their recovery. In a few weeks we may hope to see the experiments on the method carried on upon a scale which

will enable a definite conclusion to be formed. To day (Friday) the Royal College of physicians will consider the advisability of taking official steps in the matter, and we trust that the Fellows will see their way to appoint a commission to act on the lines laid down in the letter of "F. R. C. S," which appears in another column. We are glad to learn that already two such competent observers as Mr. Watson Cheyne and Dr. Heron have been entrusted with a supply of the remedy for the purpose of demonstrating its mode of application to members of the profession in London.

BRITISH MEDICAL JOURNAL.

Not even the most impassioned man of science can have read without a movement of enthusiasm the remarkable (and, we may hope, epoch-marking) paper by Professor Robert Koch which was published in a Special Supplement of the *British Medical Journal* last Friday. Our text was a faithful translation from Dr. Koch's own article published in a special edition of the *Deutsche medicinische Wochenschrift* on the same day, and is republished for convenience of reference and preservation at page 1193 of the present number.

The moment has not yet come either for detailed criticism or for complete acceptance, but no greater homage could by any possibility have been paid to the genius of a great scientific worker than that which has taken practical shape during the last week in the headlong rush to Berlin of medical men af all nations, most of them experts in the study and treatment of tuberculosis. They are all or nearly all, actuated by a feeling of confidence in the scientific value of Koch's discovery, although little or nothing is yet known as to the real nature of the discovery itself. The medical world has learned to believe that any work carried out under the auspices of Professor Koch is thorough and genuine, and that any announcement made by Koch may be received without the customary grain of salt which is usually meted out to qualify the enthusiasm of the ordinary discoverer. The publication of Dr. Koch's preliminary paper has created a sensation which is by no means limited to medical circles. The statement that phthisis is curable by means of an injection of a "brownish transparent liquid" under the skin of a consumptive patient has been taken up and repeated by lay and medical society alike, and the reservations and cautions which accompany that important statement in Dr. Koch's communication are being left entirely out of sight.

Already warning voices are being raised in Vienna and in Berlin in the attempt to stem the tide of misconception which is rolling in a veritable flood of consumptives to the Prussian capital. The habitual caution of the Briton has prevented any great exodus of English consumptives, who wisely regard the element of a journey to Berlin in November as a serious factor in the course of treatment. To all such, and to all members of the profession who may be called upon to advise for or against the immediate trial of the new remedy, we would counsel a policy of caution. At the present time the profession has only one official guide before it, namely, Dr. Koch's paper published in our special supplement last week. Prominent in that paper stands the bold expression that "phthisis in the beginning can be cured with certainty." No doubt Dr. Koch himself has every reason to put forward such a statement, with good grounds for belief in its absolute truth. But the information given in the paper referred to gives no such guarantee.

It will not have escaped observation that Dr. Koch himself speaks with far more confidence with regard to lupus than other forms of the tuberculous process. We owe to him the demonstration that lupus is due to the activity of the same bacillus as acute tuberculosis. The virulence of the bacillus in the two forms is, however, very different, and an extremely interesting research, published

by Dr. Lingard in the last Report of the Medical Officer to the Local Government Board, may be recalled in this connection. He showed, by a series of experimental inoculations, that as the bacillus is passed from the system of one guinea-pig to another in series, it rapidly increases in virulence until at the fifth or six remove it is as rapidly fatal as virus obtained from a case of the most acute tuberculosis.

The facts, in so far as they deal with tuberculous disease of the lung, are not so encouraging. We learn that patients are relieved of the ordinary symptoms in four to six weeks, and are apparently cured. Such cases, however, are limited to those in which the disease is in the first stage. The permanence of the presumed cure is, as Dr. Koch himself admits, quite impossible to determine at present. Cases with moderate cavitation are almost cured, but those with advanced disease are but little benefited. If we compare these results with the returns of any of our large chest hospitals, we shall find that a very large proportion of cases in the first stage are those relieved of all symptoms in about the same period of time; that the cases of limited excavation are improved and often remain quiescent for months and sometimes for years before the disease again becomes active, but that the cases of advanced disease fail to respond to all forms of treatment alike. Much of the success of hospital treatment depends upon efficient nursing, regularity of life, and freedom from all sources of irritation. Dr. Koch expressly warns us that these conditions are just as essential in the successful application of his remedy.

The importance of the discovery of the bacillus in the sputum of early cases is insisted on as a positive sign, but we are not directly told that the remedy should be used before that sign is present. The action of the preparation, we are told, is limited to living tuberculous tissue. It does not attack the bacillus, and it has no effect upon dead tissue. Now the presence of the bacillus in the sputum is not held to be an evidence of living tuberculous material, but rather a proof that tuberculous tissue is undergoing disintegration. Hence it would seem that successful treatment should precede rather than follow the appearance of the bacillus externally. The action upon living tuberculous material is believed to be destructive, and if this be the case, we are still much in need of information as to the results of the changes set up by this induced necrosis within the lung. With the information at present before it, the medical profession and the public will do well to wait a little longer for the perfection of the promised "cure."

Dr. Koch's hand has to some extent been forced by the reception accorded to his public announcement in August last. He is not yet in a position to tell us the nature of his remedy, and the records of his results, as we have shown, are not as yet sufficiently conclusive to warrant their unconditional acceptance.

Civilized mankind will be eager to accept the truth of all that is hoped for from this new remedy. The medical profession, while feeling most strongly the necessity of reserving a final opinion will yet recognize that the claims put forward by Dr. Koch,—which must be carefully discriminated from the claims put forward by irresponsible persons in his name—are, for several reasons, specially deserving of credence. Dr. Koch, who has won fame by the precision and accuracy of his researches, takes rank, in his own department of science, second only to M. Pasteur, and his new discovery, so far as can be at present understood, it is probably founded on facts of the same order as some upon which much light has been thrown recently. In his address before the International Medical Congress in London, now nearly ten years ago, Pasteur paid a magnificent tribute to Jenner, and Koch might well pay a similar tribute to Pasteur. But for the new ground broken by Jenner, Pasteur might never have reaped the rich crop which it has been his to garner;

and but for the direction, given to scientific thought by the genius of Pasteur, Koch might never have attempted the investigation which appears now to have been crowned with success. Pasteur's discovery of the means by which the virulence of certain microbes might be attenuated at once enlarged the field of preventive medicine, but his results as to hydrophobia went a step beyond all that had previously been done, and presented curative medicine with a new method of treatment. More than that, the very obscurity which has surrounded certain parts of his system of treatment of hydrophobia, an obscurity which his own efforts and those of his many pupils have not yet cleared away, stimulated scientific curiosty as to the means by which immunity is produced. Attention has been turned more and more to the chemcal aspects of microbial life. Chemical research early showed that many microbes produced during their growth and development in culture fluids various poisonous bodies; some of these were ascertained to be bodies of the nature of alkaloids, but more recent research has shown that certain intermediate bodies belonging to the class of albumoses are, in certain cases at least, also formed, and that these also are poisonous. The properties of these albumoses formed by the anthrax bacillus have been pretty thoroughly worked out by two scientific investigators in this country, Dr. Sydney Martin and Mr. E. H. Hankin.

They have shown that these albumoses —chemical bodies, which could doubtless be prepared in a state of absolute purity on a large scale, if necessary—are far less poisonous than the alkaloid, and therefore more manageable, while they possess the property of rendering an animal treated with subcutaneous injections of them incapable of being infected with anthrax. These researches have to some extent prepared the mind to receive with greater readiness Dr. Koch's discovery with regard to tuberculosis. What has already happened with regard to anthrax is now, it is hoped, about to happen with regard to tuberculosis, and the scientific world hopes to receive from Koch a description of the mode of preparing a chemical body which possesses a specific action upon the tissues.

It is impossible to conclude these remarks without reference to the comments which have been made, not only in this country but also in Germany, on the delay in publication and the composition and mode of preparation of the remedy. The feeling in Germany is reflected in the good-humored criticism of our Berlin correspondent. It is no doubt true that the circumstances are anomalous, but it must be remembered that the occasion is unprecedented. Dr. Koch has earned the confidence and respect of the medical profession, and our patience is not to be severely taxed, for it is much to be hoped that Dr. Koch may adhere to the arrangement which he is understood to have made, and will give at an early date the promised account of the mode of preparation of his remedy.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 7TH, 1890.

The 239th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods, in the chair.

Dr. A. K. Bond presented an elaborate paper on

THE NOTIFICATION AND ISOLATION OF INFECTIOUS DISEASES.

He spoke favorably of the ideal system used in some parts of Great Britain, urged the necessity of isolation hospitals in our midst, and criticised the systems

used in Baltimore as imperfect and of doubtful use to the community. He suggested as a means of bringing the profession more closely in accord with the Health Department, the establishment in the Society of a committee on Public Health.

In the

DISCUSSION

following,

Dr. George H. Rohé endorsed the suggestion of the author as to the value of a committee on public health in the society to act as the mouth-piece of the organization. He thinks it is desirable to know not only how many die with certain diseases but how many are sick with those diseases. It is important to know the percentage of deaths in many diseases such as diphtheria, scarlatina, etc., and if this is needed then we want to know where such diseases exist. Voluntary notification has been found to be useless and compulsory is necessary for that reason. If every physician could be made a sanitary inspector and be properly qualified for that office no others would be needed, but under existing circumstances their need is obvious. The public cannot be held accountable for proper notification of infectious diseases, the physician on the contrary can be and very properly is. For this work there should be some compensation not adequate payment for the services rendered but as some sort of acknowledgement of them. Isolation Hospitals are needed but are not to be had under existing laws. If the laws are defective repeal them but I do not blame those executing them.

Dr. Blake thought the present health department a great deal better than the old but there is still much need of improvement. For example the department acknowledges that smallpox epidemics which have cost the city so much money, can only be prevented by frequent vaccination and revaccination of the people, and there are only twenty-two vaccine physicians in the city. Under the law each officer is required to visit nearly six thousand houses which is manifestly impossible. All respect is lost for a law which cannot be executed. If the physicians thought that benefit would result from the gathered statistics, if they were complete and accurate, they would more willingly aid the health department in its work.

In closing the discussion, Dr. Bond said it was questionable as to the advisability of reporting cases where the diagnosis was doubtful. He thinks that plumbers are more capable of deciding on drainage than the official sanitary inspectors. In England such diseases as measles and whooping cough are not reported since they are so uncertain and so contagious. Of what use are such reports here? Since we have no hospitals for infectious diseases and the affected people cannot be isolated, it seems unjust that the doctor should be fined or held accountable for failing to report such cases.

Dr. Bond proposed the following amendment to the Constitution, to be voted on at the next meeting:

Resolved, That a committee of three members, called the "Committee on Public Health," be appointed by the President of this Society in December of each year, which shall consider the sanitary condition of the city and the working of the health laws, and shall report at the last meeting in November of the following year, such defects in the sanitary condition of the city and improvements in the health laws or their execution as shall seem worthy of the attention of the Society.

The Society then adjourned.

R. B. WARFIELD, M. D.,
Recording Secretary.

Dr. James S Barnard, of Clyde, N. Y. has been elected professor of operative, clinical and orificial surgery in the Southern Homœopathic Medical College of this city.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

NOVEMBER MEETING.

Dr. Henry M. Wilson, President in the chair

Dr. Opie exhibited a

SPECIMEN OF HYPERTROPHIC ENLARGEMENT OF THE CERVIX.

This specimen was removed from the second case of this kind that he has had recently. He regretted his inability to present the other specimen, which was unavoidably lost. The one shown is the posterior lip of the cervix. Hypertrophy of the cervix in its entirety is a rare disease, but hypertrophy of one lip, as in this case, is exceedingly rare. Running through the hypertrophied portion are one or two fistulous tracts, the cause of which he was at a loss to explain. We are familiar with excoriation of the cervix as a sequence of laceration, but not so with fistulæ.

The patient was a white woman 44 years of age. She menstruated at 13 years of age and suffered much from dysmenorrhœa until the time of her marriage at the age of 23 years, after which time she suffered no further from dysmenorrhœa. She became pregnant one year after marriage and in her first labor her cervix was lacerated. She has born children rapidly, having had ten; the youngest is now 7 years old.

No adequate cause has been given for hypertrophy of the whole cervix, which is most commonly met with in sterile women. One point which in this case is worth consideration is the fact that after she was operated upon for laceration of the cervix, a cup pessary was used. The hypertrophy began after this. The patient managed the pessary herself.

The second patient was 34 years old, and there had been no hypertrophy until the attending physician introduced a stem cap pessary and then the growth began. He thought the hypertrophy in both cases were due to the irritation of the stem pesssary. The body of the uterus was not enlarged. Intra-vaginal hypertrophy of the cervix could not be mistaken for prolapse, because in hypertrophy of the cervix the body could be felt in its normal position.

A patient was seen to-day at my clinic who had the history of being sterile and had a uterine canal four inches in depth, due to hypertrophic elongation of the cervix, with enlargement of the body of the uterus.

The operation done for the removal of the specimen shown was Simon's flap operation. The section removed is wedge-shaped and the wound was so brought together with sutures as to cover the stump with mucous membrane.

Dr. H. P. C. Wilson said the point that is most interesting is that in both cases the hypertrophy followed the use of stem pessaries. I condemn stem pessaries in every form. In my earlier practice I used them until I was satisfied that they produced much harm; and I believe that the pessaries had much to do with the hypertrophy in both the cases. I have never seen a case in which they did not do harm if continued for any length of time. These cases of Dr. Opie are the most striking examples of the damage done by them, that I have seen.

Dr. B. B. Browne said the matter of the perforation in the hypertrophic portion is of some interest, and I would like to know if it can be accounted for. A friend mentioned a similar case to me in which he supposed that a child had been born through the posterior lip.

Dr. Chas. O'Donovan said the indications for the removal of this growth had not been stated, and he asked Dr. Opie to explain them.

Dr. W. E. Moseley said this specimen is very interesting to me and in my experience a very rare one. I have never seen a hypertrophic cervix at all comparing with it in point of size. The thickened condition is

often met with in cases of old deep laceration prior to repair. I agree with Dr. Wilson as regard the dangers attending the use of the intra-uterine stem and have never seen any good result from their prolonged use. I wish very much that the specimens might be referred to a pathologist that the cause of the hypertrophy and also of the fistula might if possible be determined.

Dr. Neale said, we are all unanimous in condemnation of the stem pessary. I have tried a new pessary in the shape of a bent hair pin to dilate the cervix, but have found it to act as such a source of irritation that it had to be removed. It is introduced over a special probe and acts by a slight spring action and it is hoped by this means to relieve sterility due to flexion as partial occlusion of the cervical canal and to effect better drainage from the uterine cavity.

Dr. W. E. Moseley said, the spring stem spoken of by Dr. Neale was, I think, invented by an ex-house-officer of the New York Woman's Hospital and was presented to the meeting of the Alumni Association in 1888. It was intended to be worn at the time of the menstrual flow simply to keep the cervical canal open for a short time. It is unsuited for any prolonged use, as the wire is very apt to imbed itself in the cervical tissue.

Dr. H. P. C. Wilson said I have used the wire pessary, but have found them injurious and stopped their use. They were intended to be employed to correct mechanical dysmenorrhœa, but especially just after menstruation for the purpose of keeping open the cervical canal and encouraging conception. If used long the wires imbed themselves in the tissues and set up ulceration.

Dr. Opie, in closing the discussion, said he had not seen a fistula in the posterior lip before this case, and was not sure of the cause of this one, but thought it might be due to the use of vulsellum forceps.

In reference to Dr. O'Donovan's inquiry, the size and weight of the hypertrophied cervix gave much discomfort and the only resort that would give permanent relief, was removal. Skene speaks of several cases of hypertrophic enlargement of the whole cervix in his experience, and holds that amputation is the only treatment. In this patient the wound healed promptly, and she had no longer the presence of an irritating foreign body, but is comfortable in body and cheerful in mind.

Dr. H. P. C. Wilson exhibited a

FIBROID TUMOR REMOVED FROM AN UNUSUAL POSITION,

and said I have here a specimen that is of considerable interest to me, which I removed from the anterior wall of the vagina. I think it is a fibroid tumor, but have never seen one in that position before. I removed it by enucleation and have brought it before the Society to open it. On section, it proves to be of fibrous tissue. It is the only case of fibroid in that position that I have seen. It felt hard as a stone and was movable. The uterus was very acutely anteflexed and the growth was attached just over the body in the anterior cul-de-sac, and seemed to grow from the mucous membrane. It might have had some fibrous connection with the uterus. The knife was run around the tumor so as to divide the capsule, and it was then enucleated with the finger nails. Pressure forceps were put on the springing arteries and left until the next day.

The only symptoms complained of were irritability of the bladder and pain upon coition. Both these symptoms were relieved.

Dr. Neale said it would be an anatomical impossibility to remove the tumor from such a position as described without going through the whole vaginal wall.

Dr. W. E. Moseley said as Dr. Wilson says he enucleated the base of the tumor with his finger. I am at a loss to account for its presence when he found it. Its gross appearance is certainly that of a fibroid, and I should think its most natural source would be the anterior wall of

the uterus near the cervix, but having no sign of a pedicle, I cannot account for its lying practically free just under the mucous surface. Some light might be thrown on it by a pathological examination and I hope it will be referred to the same authority as Dr. Opie's specimen.

Dr. B. B. Browne related a case in which abdominal fixation of a floating kidney, removal of both ovaries and tubes for salpingitis, and hysterorrhaphy for retroflexion were done at one operation. He had a patient sent to him from West Virginia, with the diagnosis that she had two tumors in her womb, and one in her stomach. Upon examination he found that she had a floating kidney, both ovaries enlarged and cystic and a retroflexed uterus. When she was standing the right kidney would move about; when lying down the kidney could be pushed up to the diaphragm.

He was not certain of success in fixing the kidney; but after the ovaries were removed he scraped off the peritoneum, made a fold in it and replaced the kidney. This is the only case in which the kidney has been fixed in this way. We know that peritoneal surfaces unite rapidly, and as she had to remain on her back for some time, he thought it was well to try it. The operation was done last April and the patient is well up to the present time.

WILLIAM S. GARDNER, M. D.,
Secretary.

INFANT FEEDING AND INFANT MORTALITY.

At the meeting of the Académie de Médecine of Paris on November 4th (*Bull de i' Acad. de Méd.*, 44), M. de Villiers presented a long report on the documents submitted during the year to the committee on Infantile Hygiene. He dealt chiefly with the representations made by the medical inspectors appointed under the Roussel law of 1884 enacted for the protection of infants put out to nurse. In spite of the fact that most of the infants born in Paris who are put out to nurse are sent into the provinces the mortality among them is still very high, the most frequent cause of death being congenital debility, next intestinal affections, then pulmonary, then cerebral, and lastly epidemic diseases. As showing the effect of greater care in artificial alimentation, some figures given by Dr. Sutils for a district in Seine et Marne are interesting. In the course of the six years during which medical inspection had been in force, the mortality among bottle-fed babies had fallen 60 per cent., while that of infants at wet nurse had fallen 50 per cent. In his general conclusions drawn from the examination of all the reports, M. de Villiers states that the majority of the inspectors advise (1) the official interdiction of feeding bottles with tubes; (2) that the nurses and wet nurses should be assured the regular payment of their wages, the duty of collecting the sums from the parents, or their provision from public sources, or by private benevolence being undertaken by the local authorities.; and (3) that nurses and wet nurses should only be allowed to execute their functions after receiving certificates of fitness from the medical inspectors.—*Brit. Med. Journal.*

SULPHATE OF COPPER IN ANTISEPTIC MIDWIFERY.

M. Tarnier (*Journal de Médecine de Paris*, September 21st, 1890), employs in his wards a solution of sulphate of copper. This salt has already been recommended by Dr. Charpentier and others. M. Tarnier uses a half per cent. solution of the sulphate in distilled water. It is found that this solution gives no pain to lying-in women when employed as an injection. Another recommendation is, that the solution does not irritate the skin of midwives' and nurses' hands. Above all, it is perfectly antiseptic.—*Brit. Med. Jour.*

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BALTIMORE, DECEMBER 13, 1890.

Editorial.

DIPHTHERIA OF THE URETHRAL ORIFICE IN THE MALE.

It is admitted that diphtheria of the penis is rare. It occurs sometimes through infection of circumcision-wounds. It produces constitutional symptoms, but they are usually mild. When it spreads from the circumcision-wound to the meatus urinarius it does not generally spread far into the urethra.

In the *Journal of Cutaneous and Genito-Urin. Dis.*, Aug. 1890, Dr. Brown reports a case in which, after circumcision, it attacked the meatus urinarius and the adjacent tissues of the glans but did not attack the circumcision-wound.

The patient, aged 19, of delicate constitution, but never exposed to venereal disease, sought relief from seminal emissions, the sequel of former masturbations. There was no disease (such as diphtheria) at the time in his family. Examinations showed a long phimosed prepuce and a slight moist excoriation about the opening of the urethra. Circumcision was performed. The edges of the cut were united by sutures, iodoform was dusted upon the wound, and clean dry dressings were applied. The circumcision-wound healed rapidly without accident. The patient applied to the penis after urination, not the clean absorbent cotton, which he was directed to buy, but pieces of common dirty household cotton. The result was that on the second day after the circumcision a greyish-white, semi-translucent mass like wax was found upon the opening of the urethra, standing out from it like a diminutive cock's comb. As this deposit could not be washed off nor removed by forceps, it was cut away by scissors. The greyish, infiltrated, and slightly œdematous tissues beneath, which hid the uretha from sight, bled when the adhesions of the false membrane were severed. The false membrane removed was examined microscopically, and was found to be composed of fibrillar or mucoid tissue containing great numbers of cocci, diplococci, streptococci and bacilli. On the third day after the circumcision a fresh membrane was removed by the aid of "sulpho-calcine." On the fourth day a new membrane had formed too closely adherent to permit removal. Patient was chilly with temperature of 100°. The whole penis was swollen. During the

next 24 hours the patient went to bed with headache and pain in the back, in the urethra and behind the testicles. The urine had made its way through a side passage formed by necrosis of the tissues lying near the urethral orifice. As the parts beneath the membrane were dead and ready to slough, the whole infiltrated mass was now removed, a shallow crater with suppurating walls being left. Examination of the urine passed at this time showed a distinct trace of albumen without casts. The ulcer healed in three weeks under washes of peroxide of hydrogen, leaving a normally covered (by prepuce) but somewhat deformed glans, the tip of it having been lost. The urethra was slightly contracted. There was no paralysis and no loss of tendon reflex, yet Dr. Brown believes that the history of the case and the presence of albumen showed clearly that it was a case of diphtheritic infection with constitutional involvements. In this opinion the members of the American Association of Genito-Urinary Surgeons, to whom the report and the specimens were presented, concurred.

The special points emphasized by Dr. Brown were, First: the primary inoculation of the urethral orifice. Second: the development of a false-membrane within 36 hours. Third: the freedom of the circumcision-wound from infection. Fourth: the limitation of the local disease to the end of the urethra and to the parts of the glans near by. It is probable that extension up to the urethra was prevented by the normal acidity of the patient's urine, for Billroth and others have shown that vesico-vaginal and urethral diphtheria following abrasions and incisions can develop and spread locally only when the urine is alkaline.

KOCH'S TREATMENT FOR TUBERCULOSIS.

Very little new has occurred in connection with Koch's treatment since last week. A little of the lymph is said to have appeared in this country, but the reports of its use have not been made through the medical journals.

In this issue Dr. A. D. Mansfield, who is in Berlin, sends a most interesting letter, giving a detailed account of Koch's treatment and the various opinions expressed.

This is well worth reading, for, while not quite as recent as some cablegrams, the thoroughness with which Dr. Mansfield has described everything makes it a very valuable contribution to the most recent news of this great discovery.

Reviews, Books and Pamphlets.

Text-Book of Materia Medica for Nurses. Compiled by LAVINIA L. DOCK, Graduate of Bellevue Training School for Nurses, etc. New York: G. P. Putnam's Sons, 1890. Pp. 201.

The training of a nurse is becoming such an important profession that the necessity for special books of instruction are necessary. In this book the author has compiled from various works on materia medica a little volume which will be useful to the nurse in an emergency and as an intelligent assistant to the physician.

Post-Mortems. What to Look For and How to Make Them. By A. H. NEWTH, London. Edited with numerous notes and additions by F. W. Owen, M. D., Demonstrator of Anatomy, Detroit College of Medicine. Cloth,

12mo; postpaid, $1.00. The *Illustrated Medical Journal* Co., publishers, Detroit, Mich.

This book is replete with information that every person interested in necroscopy should have at easy command. It has not been designed to take the place of large works upon pathology, by its authors, but to present, in a tabulated way, with quick side-head references, all the important conditions of an organ met with post-mortemly, either in health or disease. To the country physician, who makes autopsies infrequently, it is especially valuable; also to the medical student who is occasionally in the "dead house" of the hospital. It is the only brief work of the kind now at command. The American editor has made a great many examinations for Court uses, and he has added numerous important notes to the text of the English author. Besides the ordinary conditions met with after death, there are chapters devoted to the post-mortem appearances seen in those poisoned, drowned, hanged or cases of infanticide. It will thus be of great use in these classes of "suspected deaths." Full directions are also given for exposing the organs advantageously for their comple examination. The book will be sent post-paid upon receipt of price by its publishers.

Saunder's Question Compends. Essentials of Minor Surgery and Bandaging, with an Appendix on Venereal Diseases. By EDWARD MARTIN, A. M., M. D. Philadelphia: W. B. Saunders, 1890.

This is one of the best books of its kind. The author has not only thoroughly described every part of his subject both thoroughly and concisely, but he has illustrated the book throughout with a large number of cuts.

Eesentials of Practice of Pharmacy. By LUCIUS E. SAYRE, Ph. G.

This is a very carefully worked up manual of different subjects. The student of pharmacy will find it useful after he has mastered the larger works.

Revue Internationale de Bibliographie Médicale Pharmaceutique et Vétérinaire. Dirigée par le docteur JULES ROUVIER. Vol. II, No. 3.

The Effects of Dry Atmosphere on Chronic Inflammation of the Larynx and Nares. By E. F. INGALS, A. M., M. D. Reprint.

The Relation of Bacteria to Practical Surgery. By JOHN B. ROBERTS, A. M., M. D. Reprint.

Quinine as Prophylactic or Preventive against Malarial Fever. By Drs. Binz, Graeser, Buwalda, Schelling and Tschisch. Reprint.

Supplemental Reports on Cartilaginous Tumors of the Larynx and Warty Growths in the Nose. Unilateral Paralysis of the Lateral Crico-Arytenoid Muscles. By E. F. INGALS, A. M., M. D. Reprint.

The Treatment of Contracted Bladder by Hot Water Dilatation. By I. S. STONE, M. D. Lincoln, Va. Reprint.

The Diagnosis of Pelvic Disease and When to Operate. By I. S. S. STONE. Lincoln, Va. Reprint.

Traumatic Tetanus; Recovery. By Drs. Robert Reyburn and A. W. Tanel, of Washington, D. C. Reprint.

Report for the Year 1889–90, *Presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.*

Correspondence.

BERLIN LETTER.

BERLIN, Nov. 28, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—On November 15th the people of Berlin were awakened most suddenly by the appearance in the daily papers of a most lengthy article, headed "Die Heilung der Tuberkulose" (The Cure of Tuberculosis). Naturally this aroused them and in six hours all Berlin was ringing "Koch! Koch!" Everywhere that was the subject, the one theme of conversation. No matter where you went you were asked, "Have you seen his method?" "What do you think of it?" and many other questions. This last question now appeals to me and to each one of us—What do you think of it? I did not send my letter before simply because I wanted two weeks or so to elapse before I gave to my readers at least such an humble opinion as my own and even now I only express my own observations, which naturally have been very limited, indeed though perhaps as extensive as the ordinary student in Berlin.

The name of Koch has not leapt into public notice at once, but has already established a name some ten years ago and in connection with this very subject we all know that the "Bacillus of Koch" and "Bacillus Tuberculosis" are synonyms. Such a statement "I can cure consumption" coming (as it has done) from some men, would have received no attention, but coming from Koch, the one man who has made the greatest advancement in the study of phthisis and tuberculosis, it at once aroused universal interest, and now the Continent, Great Britain, America and all civilized countries are rejoicing in the knowledge of a probable cure of that most frightful of diseases, "phthisis pulmonalis," and truly the city of Berlin is now a veritable "pool of Bethsaida," patients coming from all parts of the world for life and renewed strength. Shall the name of Prof. Robert Koch, already honored among men while he lives, be placed alongside of that of Sir William Jenner, a man who received the honor after having the scorns and reproaches of an ungrateful national profession? Who can say whether the nineteenth century will be the epoch of the two greatest advancements in medical science? Will the two dire maladies find their "David," their antidote within the same century? Certainly the one has been found, when in the beginning of the present century vaccination removed the odium of variola. I say will the closing years of this century also give to humanity an antidote to consumption? Time will surely tell.

It is my pleasant privilege to be in Berlin at the time the announcement was made. Professor Koch, at the Medical Congress in Berlin, in August, spoke of this, but he was most guarded, and nothing particularly was thought of it by the generality of medical men, but on November 15th the few small papers at Berlin were full of "Die Heilung der Tuberkulose" and I have an original copy of the "Täglische Rundschau," one of Berlin's daily papers. No sooner had it appeared than it spread over the world as far as telegraphy could carry it, and we are not in the least indebted to the medical profession for its universal spread, but to that ever active newspaper man, who is like a hungry man, always on the alert for something new for his paper.

In this article Professor Koch gives the methods of experimenting with the relation of some cases. All his experiments had been on lupus, and not on phthisis pulmonalis, which has caused critics to say he published too soon. Well, whether he did or not is not in my power to say; at any rate he did not publish without the advice of his colleagues, such as Professor Virchow and Professor Bergmann

and others, News from Vienna showed that it had received the hearty support of the Vienna men and Professors Nothnagel and Billroth spoke of it very enthusiastically, but lately the reports have been more guarded and dubious. In this article of Dr. Koch's, he refers to his similar announcement at the meeting of the Medical Congress in August, and goes on to state some general remarks about tuberculosis, and then states the effects and manners of usiug the remedy. Heating destroys the efficacy; introduction of the remedy into the stomach has no effect. It must be injected subcutaneously, and after repeated trials the skin of the back between the shoulder blades and the lumbar region was chosen as that where it would be the most readily absorbed. No local effects follow when the remedy has been aseptically injected. The effects on the healthy individual are much more marked than in a healthy guinea-pig, which animal was used by Koch in his experiments. The normal healthy individual can only stand 0.25 cc of the liquid, while the guinea-pig can receive 2.00 cc, without showing the slightest effects. Koch injected 0.25 cc into his own blood, and these, briefly, are the results he states: 3 to 4 hours after the injection, cough, pain in the limbs, fatigue, difficulty of breathing, which increased, ague following in about an hour afterwards. Sickness, vomiting and a rise of temperature to 39.6° C., which gradually abated, and in 12 hours perfect recovery with only a feeling of lassitude and fatigue which passed off soon afterwards. In the tuberculous patient the reactiou to the remedy is different; a dose .01 cc has no effect upon the healthy individual but when injected in the blood of a patient with tuberculosis a fever sets in immediately attended with more or less rigors and some fever while the temperature may mount to 41° C. The dose is usually .01 cc, while in the case of children it is often as small as 0.0005 cc according to the condition of the patient.

The effect on the tuberculous tissue is best seen in cases of lupus where it can be observed. A short time (an hour or two), after the injection of the liquid the tissue begins to swell and a red ring is formed around it and in places it becomes brownish and necrotic, and with the subsidence of the fever the swelling also diminishes and entirely disappears in 3 or 4 days. The serum filters out and the crusts forming drop off in 2 or 3 weeks, leaving a clean red cicatrix behind.

Usually several injections are required to produce the desired effect and complete removal of the lupus tissue. The changes are very evident in cases of lupus, but are such changes possible in the lungs? Do similar changes take place there? As a diagnostic means it is very valuable, for it often will settle a diagnosis where it may otherwise be doubtful, but that is of minor importance. The question is, What are its therapeutic effects and not its diagnostic value?

The therapy of the liquid when used hypodermically is that it caused a necrosis or melting of tuberculous tissue and does not kill or destroy the organisms; that it has no effect upon healthy tissue and is only an antidote to tissue already rendered pathological by the chemical (if you will) secretions or products of the organisms which cause tuberculosis. How this change occurs is not as yet known, as the necessary histological investigations have not been made.

I quote Koch's own words when I say the remedy does not kill the bacilli, but only affects the tuberculous tissue. I have read various contradictory accounts, some of which go so far as to say that the remedy kills the bacillus tuberculosus, but this is false as far as I know, and I have no other than Koch for my authority.

When this tuberculous tissue has been changed by the injection subcutaneously of the remedy, Professor Koch strongly advises a surgical operation to remove the thus dead tissue, and thus prevent the reinfection of normal healthy surrounding tissue. When this is either

impracticable or impossible, then he advises repeated injections to protect the healthy tissue. The dose can be gradually increased until we can give at least 500 times the original dose. Whether this pertains to the human or not, I cannot say, but is explained in this way, that the tissue affected gradually disappears and that the normal tissue left can better resist the action of the remedy.

Treatment applied to lupus, bone, joint and glandular tuberculosis all had good results, and the treatment in general was to inject at intervals of from 5 to 7 days 0.01 cc. of the liquid and varying the dose according to condition and health of the individual. Children, of course, taking a much smaller dose, .001 cc. or less.

In phthisical patients much care must be used in the administration of the dose and in adults as small doses 0.002 cc. or 0.001 cc. must be given.

This, in brief, is an idea of how he treats the patients, how it affects them and the doses and manner of dosing. Now comes the all important question: How are the results confirming the statement originally made? As I said before people are coming from all parts to Berlin to be cured; the statement goes out "We think we have a cure for consumption." What words are more likely to give hope (false hope in many cases) to some patient in the last stages, all kinds are brought, those in early stages and in late stages. those that are doomed most certainly come anyhow only to be disappointed and many cases die away from home.

Can I say it is wrong? Who is it to say when one shall stay home and when one shall come to Koch. I have collected a few comments of some of the foreign papers which will give an idea of public opinion at the present time. The liquid itself is a pale brown fluid and is dispensed in small mysterious looking phials which are regarded with much curiosity indeed. Special syringes are used for the injection consisting of the needle bulb and place for the liquid. This syringe which has been advocated by Koch and invented by him too I believe can be perfectly sterilized. Many medical men come to Berlin, rush to the Physiological Institute on Neue Wilhelm strasse, see Koch and obtain the phial and springes and off they go to their homes to try experiments; many others remain here and are satisfied to see the results. Briefly stated the treatment is as follows. 0.01 cc. of the liquid is injected in the back between the shoulder blades and the lumbar region and the next dose is given at an interval of five or seven days, which may be repeated several times according to the statement of Koch. The effects are fever temperature rising to 41° C., rigors, pain, swelling and inflammation in affected parts and lassitude and weariness, vomiting and sickness often occuring, this gradually subsides leaving the patient patient usually feeling somewhat better.

As to the composition of the liquid, it contains cyanide of gold and other things among which is said to be the specific product of the bacillus tuberculosis upon gelatin which product is allowed to filter through unglazed porcelain. The definite composition has not been revealed but Koch has said that he only keeps it a secret until he can reveal its composition with safety. He will make it public as soon as practicable.

Already men (medical men), are charging enormous sums for each injection of the remedy, Dr. Koch has found it out and has done all he can to stop this practice of charging for his injection. A quotation from a leading English paper says, in its Vienna Correspondent column, that: "It would be difficult to convey an idea of the painful impatience of invalids suffering from tuberculosis and phthisis pulmonalis and their friends at the delay in the preparation of Dr. Koch's antidote. The doctors themselves are at their wit's end. In each fatal case their friends think there might have been hope if the lymph could have been procured. It is highly regrettable that the great discovery should have been dis-

closed so prematurely, and if it should fail to come up to general expectations there will be disappointment akin to despair amongst the hundreds of thousands that are awaiting it with febrile anxiety."

The *Berliner Tageblatt* states (Nov. 27), that the French customs authorities have sent back to Dr. Koch the phials of lymph forwarded by him to M. Pasteur and Dr. Cornil, stating that importation into France of medicines, the composition of which is unknown, is prohibited. This, of course, is only a retaliation, to which the Continental people are accustomed, the French and German always being at "loggerheads," so to speak. However, the first French patient visited Berlin on November 24th, and is there now.

A rather amusing and pathetic story appeared in one of our papers to-day, and it is as follows: A little girl wrote to Koch herself, asking him, "begging him" are the words, for some of the lymph for her sick mother. The Professor replied, sending her some of the lymph, while his wife sent the little thing a kind letter.

An unbiased opinion cannot be obtained in Berlin, and it is only from the foreign countries that we hear adverse criticisms. Is it that they are unprejudiced, or is it that there is a slight tendency to rebel against another nation having the honor of such a great discouery?

As for my part, I truly and sincerely hope the antidote has been found and such an advancement made which will place Robert Koch and William Jenner alongside of each other.

The words of our professors occur to me as I ponder this subject, and they are these: "Time will tell." How he would emphasize these three words, and of my readers who have the fortunate privilege of holding one of the Maryland Medical University diplomas will know whom I mean.

Hoping for the everlasting good of humanity, I subscribe myself, in truth and sincerity,

Yours humbly,
A. D. MANSFIELD, M. D.

Miscellany.

PEROXIDE OF HYDROGEN AS A STERILISER OF MILK.

Dr. Heidenhain (*Centrablatt f. Bakt. u. Parasitenk.*, Bd. viii, No. 16, October 8th, 1890), to Dr. Altehoefer's researches on the use of peroxide of hydrogen in the disinfection of water, says that it may also be useful for sterilising milk, although he is not able to say as yet how the digestibility of milk so treated will be affected. He finds that children take it readily, and that the peroxide, mixed in the proportion of five or six tablespoonfuls to one litre of milk, does not cause milk to curdle or to become sour, even when it is left in a room at summer temperature for 48 hours, the slight acid reaction with litmus paper being due to the action of the disinfecting material and not to the production of lactic acid. The cream that rises is so sweet that butter cannot be made from it for a very considerable length of time. If further researches conform the results and are in other ways satisfactory, there is some hope that a long felt want will be met. It will in any case be a great advance in the treatment and preservation of milk. —*Brit. Med. Jour.*

INOCULATION AGAINST TUBERCULOSIS.

At the last meeting of Biological Society M. Richet recorded the results of some experiments he had undertaken, in conjunction with M. Héricourt on the intra-peritoneal transfusion of blood from a healthy to a diseased animal as a means of checking the development of tuberculosis. They had also undertaken another series of experiments with the same

end in view, but the method of which was different. They injected into the peritoneun of a dog 50 c. c. of a very virulent tubercular culture, and then tubercular culture, and the they abstracted 150 c. c. of blood from the animal, containing by this time the bacilli in evident quantities. This blood was inoculated or injected into three rabbits, which were next inoculated with the tubercle culture above mentioned. These animals survived, whereas two which had not been previously inoculated with the blood died.—*Lancet.*

TREATMENT OF ENURESIS.

Dr. Kupke, of Posen, in a paper published in the *Allgem. Medicinische Central-Zeitung,* gives his views on the treatment of incontinence of urine. He considers the cause to be either diminished activity of the vesico-spinal centre in the lumbar part of the cord, or partial anæsthesia of the sensory nerves of the bladder, both of these conditions preventing prompt information being conveyed to the cortex of the cerebrum when the bladder is becoming full. In cases where deep sleep occasions the brain to lose control over the bladder, it is well to keep a light burning in the room so as to lessen the depth of the sleep. After calling attento a number of well-recognized causes of enuresis, such a phimosis, intestinal worms, &c., Dr. Kupke mentions Guyon's and Unverricht's method of galvanizing the parts, the former by means of a urethral electrode, the latter by means of a large stationary positive electrode applied to the lumbar region and a small negative electrode moved from place to place over the pubes. He himself, however, prefers faradization, combined with medicinal treatment. The former is applied by means of a large, flat, stationary, positive electrode over the last dorsal and first lumbar vertebræ, while a small positive electrode is applied with stroking movements over the region of the bladder. The most valuable drug is one which is but little known in this country—the sweet sumach (Rhus aromatica). The preparation he employs is the extractum fluidum rhois aromaticæ, of which from five to fifteen drops are given night and morning in a little milk, according to the age of the child. Treatment must in many cases be persevered in for three or four months in order to obtain a lasting cure. The well-known regimen as to fluids at night, a hard mattress, baths, &c., must be attended to. Strychnine, which used to be given before rhus aromatica was adopted, is best administered hypodermically—one milligramme of the nitrate daily. Tincture of nux vomica is unsuitable.—*Lancet.*

MILK ENEMATA IN UNCONTROLLABLE VOMITING IN PREGNANCY.

Dr. Wiesel (*Wiener med. Presse,* No. 29, 1889), describes a bad case of vomiting in a primipara, aged 20, which was cured by the injection of milk containing table salt (150 grains to the litre—1¾ pint—of milk). At first the result was doubtful, but after a time the patient recovered entirely. Dr. Wiesel attributed the chief merit of his practice of milk enemata to the chloride of sodium, which cured the constipation. Every time that a free motion was passed, the vomiting ceased; when the bowels became confined it recurred, and after a prolonged course of the milk enemata, when a regular action of the bowels was secured, the vomiting never recurred. Dr. Wiesel holds that the state of the bowels has not been sufficiently attended to in cases of uncontrollable vomiting in pregnancy.—*Brit. Med. Jour.*

Medical Items.

Dr. Edw. J. Bernstein, has moved his office to 1013 Madison Avenue.

It has been decided by the French Government to establish an institute of Animal Vaccination at Saïgon, to which a

bacteriological institute will be attached.

The President of the Royal College of Physicians has nominated Dr. Dickerson to be the Harveian orator next year, and Dr. Allchin to deliver the Bradshaw Lecture.

Professor Flügge, Director of the Hygienic Institute of Breslau, has been appointed Director of the Hygienic Department of the New Bacteriological Institute in Berlin.

The late Professor von Nussbaum has bequeathed 10,000 marks ($2,500) each to the Pension Funds for the Widows and Orphans of Bavarian Medical Men and the Bavarian Association for the Relief of Invalid and Indigent Doctors.

The influenza is stated to have broken out in a severe form at Fünfkirchen, in Hungary, and all the schools in town have been closed. The epidemic has, it is reported, also attacked the horses in one of the cavalry barracks in Vienna.

Everything must have a beginning. The University of Kasan, which has been hitherto without any provision for the teaching of children's diseases, has now set apart three beds in the hospital which are to be dignified with the name of "Pediatric Clinic."

In medical circles neither oral nor written cummunications are expected from Koch for months to come. A hundred and fifty beds have been placed at his disposal in the city to enable him to continue his therapeutic experiments against other infectious diseases. Professor Brieger is to assist him in these experiments.

Dr. A. D. Mansfield sailed last Wednesday from Liverpool for New York on the steamer *Majestic*. Dr. Mansfield, as the readers of this JOURNAL may know, went over nearly a year ago and after a visit in London at the hospitals, went to Paris, Vienna, Berlin and other smaller places. He was in Berlin throughout the session of the International Medical Congress, which he attended as a delegate, and he has also followed very carefully the discovery and treatment of Koch, a full and interesting account of which will be found in his letter in this issue.

The *Lancet* says: The adoption in Germanp of the law of compulsory insurance for workmen whose wages reach a certain standard, and the stimulus thus given to insurance generally, have led to quite a novel use being made of a considerable number of beds in many of the large hospitals. In the report of the Berlin Charité Hospital for 1888-89, recently issued by the director, Dr. Mehlhausen, this subject is specially referred to. A considerable addition has been made to the labors of both the medical and clerical staff, owing to the above circumstance. Many persons who have suffered injuries, the duration and full extent of which were not quite apparent to the private practitioner who has them under care, also persons who did not feel satisfied with the pecuniary damages awarded to them for accidents, have entered the hospital more with a view to their progress being kept under observation than for actual treatment. The authorities have offered every facility for the admission of such cases, in so far as they have not interfered with more serious ones. They regarded it as very desirable to do so because such doubtful cases, which usually consist of nerve disease, involving great difficulties of diagnosis, and which are frequently regarded by the person responsible for the injury and damages as simulated, present features of the greatest value from an educational point of view. The addition of this new work to the hospital has involved the clerical staff in an enormous correspondence, and has thrown upon the medical staff, in addition to their professional work, a most responsible and difficult task in the preparation of reports of the cases.

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CONTENTS

ORIGINAL ARTICLES.

Clinical Lecture. Cystocele. Functional Disease of the Bladder. By E. E. Montgomery, M. D. 155

A Case of Traumatic Tetanus. By Thomas B. Evans, M, D., of Baltimore . . . 158

Vulnus Sclopedecum. By J. E. Prichard, M. D., of Baltimore. 159

EDITORIAL.

Koch's Treatment for Tuberculosis. . . 161

The International Copyright Bill. . . . 161

CORRESPONDENCE.

New York Letter. 162

MISCELLANY.

The Rationale of Influenza.—Use of Condurango and Condurangin.—Sterilization of Instruments —How the Pathogenic Bacteria do their Harm.—Antipyrin and Bromide of Ammonium in Epilepsy.—Treatment of High Temperature in Typhoid Fever and Phthisis Pulmonum with Small Frequently Repeated Doses of Antifebrin.—Empyema.—A New Method of Treating Aneurisms.—American Medical Education.—Symptoms of Chronic Obstruction of Common Bile Duct by Gall-Stones.—Acute Obstructive Diseases of the Lungs.—Nasal Reflexes.—Treatment of Gastric Ulcer.—Iodides versus the Salicylates.—Peroxide of Hydrogen.—Light in the Sick Room.—The Nature of Dr. Koch's Liquid. 163

HOSPITAL REPORTS.

Presbyterian Eye, Ear and Throat Charity Hospital. 174

MEDICAL ITEMS. 175

Original Articles.

CLINICAL LECTURE.

CYSTOCELE.

FUNCTIONAL DISEASE OF THE BLADDER.

BY. E. E. MONTGOMERY, M. D.

Professor Gynecology, in Medio-Chirurgical College; Obstetrician to Philadelphia Hospital.

Gentlemen:—Three weeks ago I operated before you upon a patient suffering from prolapsus of the anterior wall of the vagina. You will remember that the surface was denuded, with lateral and vertical arms, snd that when the sutures were brought together. it presented two lines at right angles to each other, in this way the vagina was retracted laterally and vertically. To sustain the newly united surface, I did also an operation upon the posterior wall of the vagina, freshening the surfaces from the line of the integument inward, upon the posterior wall in a triangular shape, bringing the mucous edges together by a continuous suture, while the deeper surfaces were approximated by interrupted sutures; in this way we imitate the natural conditions of the parts by placing the posterior wall in apposition with the anterior upon which it should rest. Had we neglected this part of the operation the patient would soon have had a stretching of the cicatrix on the anterior surface, giving rise to a condition worse than before the operation was performed.

As I expose the vulva you will see that the union has been complete, there is but a small vulvar orifice and the anterior wall of the vagina by the restored perineum. In the cases of prolapsus of the anterior wall of the vagina a number of methods have been suggested for denuding the surface. That of Skene is a most excellent one; he freshens the surface upon either side of the vagina and these sur-

faces are brought together by continuous sutures of catgut. This method brings together the ends of the separated fascia and imitates the normal condition. In the case we had before us, however, there was an extensive distension of the anterior wall, so that this operation did not seem feasible. The patient has been in bed continuously since the operation, as we have not desired that the newly united tissue should be subjected to the slightest amount of tension. The perineal sutures we removed at the end of the week, the others have not been removed and will be allowed to slough out. The patient should be directed to abstain from marital relations for at least a month. After the parts have become firm, a retroversion pesssary will be used with a view of maintaining the uterus in its normal position, preventing its sagging down upon the tissues below. We have the vaginal surfaces in a condition now, by which the pessary can be readily kept in place. With the rolling out of the anterior wall and want of support posteriorly, no pessary unless it was maintained by external support would have been retained prior to the operation.

FUNCTIONAL DISEASE OF THE BLADDER.

The next patient I bring before is a woman 52 years of age, married 37 years ago, has had nine children and five miscarriages, She suffers from pain in the external genitals and from severe headache. She complains of frequent micturition being obliged to get up several times every night to urinate, and does so every half hour or hour during the day. Upon careful examination the urine is found to contain no sediment, sugar or albumen. There is no condition more distressing than a frequent desire to urinate, obliging the patient to to arise several times during the night, and accompanied by a sense of tenesmus or want of complete evacuation of the urine.

This symptom of frequent micturition is a constant one in inflammatory disease of the bladder. Such a disease is known as cystitis. In addition to the frequent desire to void the urine this disease is accompanied by other symptoms of inflammatory trouble, such a large amount of sediment or deposit in the urine. This sediment is made up of mucus, of a deposit of phosphates, of urates and desquamated epithelium from the bladder. In cases in which the inflammation is very severe and where it has gone on to destruction of points on the vesical surface, we will find that it is mixed with pus or even blood; hence in every case, in which the patient complains of symptoms that would lead us to suspect bladder trouble, we should examine carefully the urine that is voided and by so doing we will be enabled to arrive at a definite determination of the amount of inflammatory change present. Now as I have already said, in this patient the urine is free from sediment, hence, by this alone, we are able to eliminate the inflammatory element and determine the fact that we have to deal here with a condition which is independent of the local inflammation.

In consideration of all disease of the bladder it is an important point to remember that the bladder, uterus, vagina and lower end of the rectum derive their sympathetic nerve distribution from the same ganglion, consequently it is not unfrequently the case that an individual may suffer from symptoms that would lead us to suspect an inflammatory condition of one or the other of these viscera. When the actual lesion is not in the organ presenting the symptoms, the patient will frequently suffer from a disordered bladder and tenesmus as a result of fissure of the anus. Patients will be afflicted with retention of the urine, necessitating the use of the catheter, from the presence of hemorrhoids.

To confirm our suspicions of the trouble being independent of the inflammatory changes in the bladder, the patient informs us that she experienced no difficulty of this kind until after she had ceased to menstruate about a year ago.

We will now examine carefully the rectum, and we find no indications of the presence of a fissure or of hemorrhoids. Making a vaginal examination, we find that the uterus is slightly retroverted or with its axis nearly parallel to that of the vagina. It does not, however, seem to be a sufficient amount of displacement of the uterus to account for the abnormal symptoms. If the uterus were markedly retroverted, dragging back by its attachment on the bladder, elongation of its antero-posterior diameter and with the cervix projecting against its posterior wall or if it is in a state of anteversion with adhesions binding it down to the bladder we would suspect that these conditions gave rise to the vesical distress, but the displacement is insufficient to justify us in believing that it is the cause.

Under these considerations we are driven to believe that we have to deal with an irritation of a nervous character. The desire to void the urine is produced by the contact of the fluid with the terminal nerve filaments situated in the neck of the bladder; as soon as the organ becomes so distended that the urine touches this surface there is a desire to void it; in healthy conditions this desire may be ignored and if the mind of the patient is occupied it may be for the time forgotten and again manifest itself when the organ becomes more distended. In irritated conditions, however, the probability of being able to overlook the desire is greatly lessened and the patient knows no peace until the act has been accomplished.

The absence of other symptoms indicating inflammatory trouble lead us to believe the trouble reflex, and the absence of any inflammatory condition impresses us with the fact that this is the true explanation of this woman's annoyance. In our examination, we were careful to determine the absence of any inflammation about the urethra or the neck of the bladder as indicated by passing the finger over it.

Nervous troubles of various character are not infrequent in women at her time of life, and the condition is less distressing because we believe it to be due to such a cause. Now what shall be the plan of treatment to which this patient shall be subjected? In the first place we should direct our remedies to the building up of her general health, giving tonics, such as quinine, iron, strychnia and cod liver oil, such as will promote her general nutrition and mantain a regular action of the bowels, avoiding the use of acids in food or medicine, and administer alkalies. A very efficient prescription in irritation of the bladder is the following:

℞.—Ammon. benzoat. ʒ iii
Tr. Hyoscyami f ʒiv
Inf. Buchu ad. f ʒvi
M. S.—A tablespoonful three or four times a day.

This patient has been under this course of treatment for a short time, but without any marked benefit. We have here a considerable contraction of of the vesical walls as a result of the irritation. To overcome this we suggest that the bladder of this patient should be injected daily with simple hot water, increasing the amount of distension with each injection, beginning with, say two ounces, or as much as the bladder will contain without pain, increasing this until it holds from 12 to 15 ounces. By such a treatment we may hope to be able to restore this patient so that she can spend an entire night without the necessity of having to rise to void the urine. Of course in every case it is important to examine carefully into the quantity of the urine that is passed as not unfrequently patients may have to pass urine as a result of diseased conditions which produce a large quantity of urine such as diabetes insipidus and diabetes mellitus.

The *Medical Record* wisely says that athletics are not needed by brain workers, and if carried to excess will shorten rather than lengthen life.

A CASE OF TRAUMATIC TETANUS.*

BY THOMAS B. EVANS, M. D.,
OF BALTIMORE.

I was summoned August 26th, 1890, to see a youth named John ——, aged about 15 years, and obtained from him the following history of his case: He had, about three weeks previously, gone fishing, and was standing upon a pier from which projected upward a timber; against this he was leaning, his lines in the water. A nibble caused him suddenly and with considerable force to jerk upon the lines, throwing his arms upwards, and piercing it by a splinter that jutted outward from the timber mentioned. The splinter entered the arm about two inches above the elbow, passed through the joint, and made its exit about the same distance below. The splinter was pulled out, being 4 inches in length, and the boy then went home. His mother applied some kind of ointment to the wounds, and bound them up.

In a few days he had a chill, followed by fever, and considerable pain and swelling in the arm. Poultices were applied; suppuration followed, both wounds discharging freely, and continued so for a number of days. One of the wounds shortly closed, leaving the other still discharging. The mother then used the ointment she had before, discontinuing the poultice.

Two days before I was called, he said to his mother that his throat was sore, his neck stiff, and that he was unable to move about. Supposing he had contracted a cold, as the common expression goes, she gave him a purgative. Not being any better after its free action, but far worse, his jaws in the meantime also becoming stiffened, she then sought assistance and advice. While listening to the history of the case, I noticed that he would have at times great difficulty in articulation, in consequence of spasm of the muscles of the jaws he groans with pain, throws himself forward (emprosthotonos), then again the reverse way (ophisthotonos), sometimes sideways (pleurosthotonos). In short, he presented a typical case of tetanus with all its horrid features well marked. Deglutition was attended always with difficulty, and the fear shown when asked to swallow water, medicine, indeed, any fluid, was as great as I have ever seen in a case of hydrophobia. His tongue was badly wounded by being caught between the teeth during a spasm of the jaws, and I at once recognized the importance of preventing the occurrence of the mishap again, and also the possibility of his jaws becoming rigid and fixed, thus preventing the administration of food and medicine. With this in view, I fashioned a piece of oak wood, similar to a Daniel horse-bit, placed it in his mouth, just as we place the bit in a horse's mouth, and and on each end placed and fixed an elastic rubber band, carrying the bands forwards and slipping them over each ear. The elasticity of the rubber kept the wood in position, and kept his mouth always open, preventing any further wounding of the tongue or closure of the mouth. I had occasion many times during his illness to congratulate myself for this simple device. The treatment instituted was, first, the cleansing of the intestinal tract by a large dose of calomel. 20 grains, rubbed up with sugar, and placed upon the tongue; then the administration of 5 grains of chloral, 10 grains of potass. bromid., $\frac{1}{4}$ of a grain of morphia sulphate, in solution every 2 hours. Complete narcosis was maintained after the administration of this combination regularly for three days, by giving it at longer intervals; but the object kept steadily in view was to keep the patient sleeping, and often after the intervals of administration were lengthened we had to order the medicines to be given even more frequently than at first.

Twice a day, morning and evening, six grains of quinine was given in solution, and milk, *ad libitum*. This is about all

*Read at the 716th Meeting of the Medical and Surgical Society of Baltimore, Nov. 13, 1890.

in the way of medicine used during the treatment of the case. For the first five days I thought his case hopeless, after that there appeared some improvement, indicated by the sleeping time becoming longer. At first he would sleep only five minutes, then would awake with a spasm, again ten or fifteen minutes would elapse before the occurrence of a spasm, finally, he slept one hour, then two, but always would awake with a spasm; even, after the twenty-first day had passed, when he was able to sleep from four to six hours, the same thing would occur when he would awaken. The fourth week he was in a measure free from the spasms, but he was as rigid and stiff as a board for two weeks after that. For this condition I used massage, principally to the spine and lower limbs, and when able to stand, I made him move around his room; forced him in fact, much against his will, but, as the element of fear was eliminated and confidence in himself established, he soon became not only willing, but anxious to exercise, and in the ninth week after the attack, was able to get out in the open air, and was in short, fully restored to health. I omitted to state that the wound I had dressed daily, with carbolic acid and vaseline, ʒ ss– ʒ i. It healed kindly and completely in the fourth week.

121 Jackson Square.

VULNUS SCLOPEDECUM.*

BY J. E. PRICHARD, M. D.,
OF BALTIMORE.

On the 4th of July last, a farmer and his sons were enjoying themselves shooting at a mark at his residence on the east side of Colgate Creek. After using all of their loaded shells, the guns were placed in a closet. After dinner the sport was to be renewed or continued, and the guns were brought out for that purpose. At the same time some young men came up from the shore ostensibly for water. One of them picked up one of the guns. He was assured it was empty. The group were standing in front of an open shed, used as a summer kitchen, in which was the daughter of C. S., aged 19. She was standing along side of the stove. The man was trying to open the breach, holding the gun pointing down towards, and in front of, and about two feet away from the young woman, when the shell exploded, striking her on the out side of left thigh, tearing off about two or more pounds of flesh, and plastering it on the floor behind her.

I saw her a few minutes after one o'clock. She was lying on her right side on a lounge, partly recovering from the shock. She was a large, well-nourished and muscular farmer's daughter. I found a very large lacerated wound, a few shreds were hanging very irregular and ragged edged. Commencing at the external trochanter, extending upwards five inches, and six and a half in lateral direction, and one and a half inches deep, tearing the tensor vaginæ femoris rectus and vastus externus and I think the biceps was involved in the lesion. All the surface burned black, very little hemorrhage. The wound was washed with carbolic acid and water, all shreds removed, then dressed with iodoform cotton many-tailed bandage applied. She was then removed to bed. I left instruction, the wound should be kept wet with bichloride lotion 1-1000. In this case I could do nothing but resort to rigid antiseptic dressing and try to promote granulation.

Gave her one morphia (¼gr.) pill, and left this prescription:

℞	Chloral hydrate	ʒ ij
	Morphia Sul.	gr i
	Syr. Simplic.	fl ʒ ij

M. Sig.—Dessertspoonful every four hours until sleep.

I saw her again on the 5th, next day. She had rested well after taking three doses of the chloral. Removed the dress-

*Read at the 716th meeting of the Medical and Surgical Society, of Baltimore, Nov. 13, 1890.

ing and cleansed the wound. Re-applied the same kind of dressing. On the 10th all the burned and blackened flesh was removed by sloughing and with the knife in part, leaving healthy surface underneath. Dressed with iodoform and boracic acid, and kept wet with bichloride. The dressing was removed every three to four days, and the wound was washed clean, if the weather was very warm, every three days. Very little pus was found on the dressing on the 13th. I found the wound did not look quite as promising as before, and the bandages were stained brown, which was produced by iron rust, the bichloride being kept in an old kettle. On the 16th she was very restless, and complained of burning about or outside of the wound. I found two small ulcers on the anterior part above the wound, and one on the inside, all were from a half to an inch. I came to the conclusion this was an escharotic effect of the lotion. I found the nurse had deviated from the instruction given, and for the last forty-eight hours had been using it four grains to a pint. She is one of the kind sometimes found who in a short time, think they know more than the attending physician. After the cause was removed all the ulcers healed quickly, with no more trouble. On the 3rd of August straps of rubber plaster and a drainage tube were put on, the edges were drawn in and a roller bandage was applied for support. On the 10th it was re-dressed, I found it had advanced more than any of the other dressing. Healing process or granulation was going on rapidly. On the 24th, even with the surrounding parts, the whole surface did not extend over more than 2x2½ in. space. About the last of August she had a mild attack of malaria. Others of the family were down, all yielded quickly to quinine. During September I only visited her once a week, and instructed the nurse to wash and dress in four days. It did not do as well as when I attended to it wholy myself.

She left her bed about September 24. She could walk by the aid of two canes, the limb was a little flexed; that was gradually overcome by use. My last visit was October 12th. She was then able to be up and helped to do general housework. She then used one cane or stick. The limb was nearly normal, very little angle. She said she knew it would in a short time be as straight as the other. When she first left her bed she complained of drawing pain in the posterior part along the the "biceps flexor cruris." In a few days that left. The wound is now all healed and leaves but little deformity. (None that will be noticed.) She was a little over three months under treatment.

The treatment all through was antiseptic. In order to secure an uniform moisture, we had a pitcher suspended over the bed, and a syphon to convey the bichloride lotion, of which from 1-7000 to 1-12000 was used. This was continued through the whole course, except at one time mentioned above, when the nurse prepared it 1-200, which was nearly producing bad results, as topical application was iodoform, boracic acid with cotton and roll bandage. I found it hasten granulation by using pressure. Her appetite continued good from the beginning. I ordered her a pill every four hours through the day: quinia, gr. ii, capsicum, gr. i. This was continued for six days, from July 5 to 12. Sleep was sound and unbroken.

My last visit was made October 12. It was then all healed smoothly, the scar was not as large as the original wound. The leg is flexed a little, but she says that she is quite sure that it is growing straighter every day. She then used a stick to walk, but was sure that she would not need it long.

1010 Chesapeake St.

It is said the mark of weak medical men is the indiscriminate use of stimulants in fevers, a ready resort to narcotics and sedatives, treatment of symptoms only and a fondness for new drugs and high-sounding names.

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BALTIMORE, DECEMBER 20, 1890.

Editorial.

KOCH'S TREATMENT FOR TUBERCULOSIS.

Since last week more hospitals in this country have succeeded in getting some of the lymph, and cases are being treated. The results of such treatment can only be obtained after months and years of waiting. The great danger of such discoveries is that those knowing very little of the discoverer and his methods are apt to criticize him unjustly and give false impressions to others even more ignorant.

Another objection is that unprincipled practitioners use such discoveries of others to advertise themselves in the daily press and and impose upon the credulous public, who like to be humbugged. Fortunately charlatanism of that kind does, in the end, more harm than good.

It is very praiseworthy on the part of the Johns Hopkins Hospital that the account of the recent inoculations have been kept so well from the public. It is a matter of time when the daily papers will drop the subject entirely and then the profession will begin to see the actual results from the report of cases experimented upon.

When Koch discovered the bacillus tuberculosis he kept it a secret for two years, while he experimented and proved his work, and then presented it to the public as complete.

Much against his own judgment he was over-persuaded to bring the discovery before the profession at the International Medical Congress, and it is safe to say that he has often regretted such an action. Such a step has compelled him to keep apart from all societies, to shut himself up and remain secluded at his work.

Almost unknown, Koch has, by his own scientific work, elevated himself to his position in the Berlin Faculty, a faculty which is full of cliques, parties and intrigues. In spite of all this, Koch has kept his place apart from all these factions and his place rests alone on his scientific work. Ignorant critics should not be harsh to judge him until they know him and his record.

THE INTERNATIONAL COPYRIGHT BILL.

To all lovers of justice and honesty, the bill now before Congress for an inter-

national copyright law should appeal. Especially those who indulge in writing, however limited, should take an interest in the bill, and do their utmost to secure its passage. The recent references in the JOURNAL to piratical publishers, and the fact that American books may be and are reprinted in foreign countries without permission or copyright, should be sufficient to urge all medical men interested to urge their representatives in Congress to support a bill which is open and fair and not of a political character.

Some writers claim that all literature should be as cheap and as accessible to all as possible, and that such a bill will raise the price of good books. This argument is evidently false. The only difference will be that the publisher appropriating such work will not make so much as before, but the actual consumer will pay no more while the hard working author will in some cases get a large remuneration for his labor.

Correspondence.

NEW YORK LETTER.

NEW YORK, Dec. 16, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—Since my last letter, an event of great importance to the medical profession of this city has occurred, *i. e.*, the formal opening of the new building of the New York Academy of Medicine. The library was fast outgrowing its accommodations in the old buildiug, and this, together with other reasons, led the trustees to seek for a new home more worthy of the profession here. Forty years ago, this Academy met over a coal yard, and it was not until December of 1874 that it secured for its own, through the generosity of Dr. Abram DuBois, the building which it has just left now for more sumptuous quarters. The new Academy is as nearly central as possible, being located at 17 W. Forty-third St., near Fifth Ave. The new edifice is partly of brick and partly of fine red sandstone, and covers a plot of ground 75x100 feet. On the first floor is the main assembly hall, which, with the adjoining banquet hall, is a memorial to Dr. Alexander Hosack, and is known as Hosack Hall. These two rooms with the smoking room can all be thrown into one large hall, when, as on the night of November 20th, when it was formally opened, an unusual audience is present. The library which was begun by donations in 1877, now consists of about 40,000 volumes, and the best collection of medical periodicals to be found in the country, and is safely housed on the second floor, where there are accommodations for 250,000 volumes. One of the important functions of the Academy has always been the promotion of the public health, and to it we owe our present Board of Health. A membership of nearly 700 physicians, many of them from the younger and more enthusiastic portion of the profession, ought certainly with such a magnificent home to be able to assume a still more influential position before the public than ever before.

Among those who spoke at the opening exercises were, Surgeon General John S. Billings, of Washington; Dr. Reginald Fitz, of Boston, and S. Weir Mitchell, of Philadelphia. The last gentleman took occasion to call the attention of the public to the fact that "our profession" as we often call it, is rather a guild or brotherhood, and that the records of much of its work are not found in the books of this world. He thought the laity generally did not understand that at least two-thirds of our most noted physicians gave freely of their time and talents to the poor. He had never heard of a similar custom

existing among merchants or lawyers. At the conclusion of the speaking, a collation was served in the banquet hall. Among the letlers of congratulation from well-known physicians in various cities, was a characteristic one from Dr. Oliver Wendell Holmes, in which he describes in his own inimitable way the true functions of such an academy. One of these functions was to "guard the sacred avenues to the temple of science against all worshippers of idols;" for, as there are a certain number of "squinting brains as well as squinting eyes" in every community, so there would always be a corresponding number of persons calling themselves physicians, who were ready to make a living out of these people.

As there has been so much unfavorable comment in the newspapers concerning the experiment in bone-grafting performed by Dr. A. M. Phelps, of the city, it may not be uninteresting for me to say a few words about his first operation of this kind, at which I had the good fortune to be present. The patient, a man about twenty-one years of age, had been crippled by an ununited fracture at the juncture of the middle and lower thirds of the tibia ever since he was about five years old. He had been sent to Dr. Phelps for an amputation, but this he did not consider justifiable, At any rate, before doing this, he resolved to attempt a novel surgical procedure—nothing more or less than grafting the forearm of a dog into the space between the fragments of the tibia, and uniting the dog's skin to that of the patient. The patient having been etherized and the limb exsanguinated, the cicatricial tissue and periosteum were dissected from the fragments, which were found to be markedly sclerosed, and the lower fragment drawn up behind the upper one. Having obtained fresh surfaces of bone, the forearm of a dog, which had been previously etherized and secured in a plaster bandage, was introduced into the gap between the fragments and fastened in place with steel wire which had been sterilized by heat. Dog and man were then bound up in a plaster bandage strengthened by wood veneering. The whole operation was, of course, done under the strictest antiseptic precautions. I am informed that in this first case the process of uniting the graft to the tibia proceeded very rapidly, but the operation was not entirely successful, as the graft had not been fastened in situ with sufficient firmness to prevent a tilting up of the fragment. It was a description of the second operation of this kind, performed shortly afterwards at Charity Hospital, which found its way into the daily newspapers, and brought out so much blatant and unjust criticism upon the surgeon who planned and executed this bold experiment in conservative surgery.

Miscellany.

THE RATIONALE OF INFLUENZA.

The following remarks by Dr. Laffont, Professor de Thérapeutique à la Faculté de Médecine de Lille, will be read with interest: The epidemic which was such a cruel scourge last winter is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes, from its complications, serious. This malady is, I consider, a contagious catarrhal affection, in its milder form known to us as "grippe," but from its recent serious epidemic character christened "influenza," a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression, more or less marked, of the whole system, varying from simple lassitude, stuffiness of the nose and slight gastric obstruction, all premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe."

In the late epidemic, to these premonitory symptoms succeeded all the characteristics of a grave typhoid infection: nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussion at societies and in medical journals on its etiology, some described it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocating here aperient medicine, antithermics: there, the Vin Mariani (made from the coca of Peru), and tonic medicines; elsewhere, counter-irritation and balsamics were said to do wonders; almost everywhere was admitted the specific effect of sulphate of quinine, or still better salts of quinine, above all, antipyrin. From my own experience, based upon a great number of cases and on myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus, at its first manifestation, I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference), then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diaphoresis, easily obtained by administering several times in the day grog made from Vin Mariani, one-third wine and two-thirds water, very hot, with sugar such as has been prescribed by the learned laryngologist Fauvel for hoarseness and loss of voice, "a frigore."

In the presence of influenza in the stage when the patient was completely depressed, very far from ordering antipyrin, which only augments the depression, I found it much more effectual to administer strong tonics, such as generous wines, champagne, whiskey, rum, cognac, tonics physical and moral, such as the preparations of Coca Mariani, Vin and Elixir, ta the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, as I think, to the weakness caused by the use of antipyrin.

I advise, then, as a rational treatment for influenza and kindred affections: first, gentle purgatives; second, diaphoretics and revulsives; third, strong tonics.—*The Medical Press and Circular.*

London, Nov. 19, 1890.

Use of Condurango and Condurangin.

In an exhaustive study, emanating from the laboratory of Therapeutics of the Cochin Hospital, Dr. Guyenot is lead to the following conclusions (*Bulletin Général de Thérapeutique*, No. 32, 1890):

1. Condurango employed in the form of a powder appears to be remarkably efficacious in painful affections of the stomach, and especially in the case of gastric ulcer and irritation of the gastric mucous membrane.

2. Cases of cancer of the stomach, which have been claimed to be cured as the result of treatment with condurango, are certainly to be regarded as errors in diagnosis. In all probability the majority of them were cases of ulcerative gastritis.

3. Condurangin possesses an extremely curious and interesting action. It causes a veritable locomotor ataxia, which is due, without doubt, in view of its late appearance, to the formation of some toxic substance produced by the splitting up of condurangin in the organism.

4. In view of the fact that the chemical nature of condurangin is not yet thoroughly established, and its physiological action not being thoroughly understood, the bark of condurango should be employed in therapeutics, and not condurangin.—*Therapeutic Gazette.*

Sterilization of Instruments.

Dr. Robert Muencke (*Centralbl. für Bakteriolgie u. Parasitenk.*, Bd. viii, No. 20, November 9th, 1890) describes a

new apparatus for the sterilization of instruments, bandages, and other surgical apparatus by means of circulating steam at a slightly raised pressure by which the temperature is kept up to about 102° C. It is constructed in the form of a cylinder, which is stronger than the rectangular form; beneath this there is a reservoir in which the water is boiled. By means of a small safety valve the pressure is not allowed to get too high, whilst there is an arrangement for drawing off the steam after the sterilization of instruments, bandages, etc., is upon them. It may be mentioned that in the *Edinburgh Medical Journal* of August Mr. C. W. Cathcart , F.R.C.S., described an apparatus for sterilising steel instruments by steam without rusting them, which is constructed on somewhat similar principles, but which is even more satisfactory, as he is able to heat the instruments to boiling point temperature before the steam is allowed to reach them, so that by also drawing off the steam after the sterilisation is complete, no condensed vapour is at any time deposited on the metal instruments. These sterilisers are specially useful for surgeons, but they may also be used in the laboratory with great advantage.—*Brit. Med. Journal.*

HOW THE PATHOGENIC BACTERIA DO THEIR HARM.

Brieger and Fränkel have studied this question. Of course, the first condition for successful inquiry was to employ pure cultivations of the organisms experimented upon. Basic bodies, denominated "toxine," had already been found in several pathogenic micro-organisms, such as the bacillus of typhoid, tetanus, cholera, etc. Yet it was found that this toxine did not invariably call forth all the phenomena of the infectious diseases due to the bacilli, from pure cultivations of which it had been obtained; the supposition, therefore, seemed fair that, besides the already-found chemical bodies, there were other substances which played a momentous part (*The Edinburgh Medical Journal*). Brieger and Fränkel considered that Löffler's bacillus of diphtheria was well adapted for their purpose. because it is now beyond doubt that this organism is the genuine cause of diphtheria. Löffler had already called attention to the fact that this bacillus, when inoculated on animals—guinea-pigs and pigeons—colonized only the immediate neighborhood of the infected spot, yet grave alterations of texture and speedy death of the animals experimented on followed. This connection of events could only be explained in this way—that the bacilli produced by their local multiplication a substance of exceedingly poisonous properties, which spread over the whole organism, and, independently of the bacteria, did its deadly work. Brieger and Fränkel consider that they have proved that Löffler's diphtheria bacillus engenders in its pure cultivation a poisonous, soluble substance separable from the bacteria, and which, when injected into susceptible animals, calls forth the same phenomena as the injection of the living micro-organism. The authors also have settled that this substance is destroyed by a heat of 140° F. ; that it can stand a heat of 122° F., even in presence of excess of muriatic acid. This last fact of itself speaks against the supposition that the poison of the diphtheria bacillus is a ferment or an enzym. Further examination of this substance showed it was not a ptomaîne or toxine; no crystallizable substance, save kreatinin and cholin, was obtained. Shortly summing up their investigations, the authors seem to have discovered in the diphtheria bacillus a substance belonging to the albumin series of bodies, which has poisonous properties, and causes the phenomena of diphtheria when injected. They propose to give it the name of "toxalbumine." In the living body they consider that the bacteria build up and separate their toxalbumine from the albumin of the tissues. Brieger and Fränkel also examined typhoid, tetanus, and cholera bacteria, and staphylococcus aureus and watery extracts of the internal organs of animals killed by anthrax,

in the same way as they had examined the diphtheria bacillus, and found in all of them bodies which, according to their chemical behavior, were albuminoids. were poisonous, and could therefore be aptly called toxalbumines. The road from normal constituents of the body to substances of the most dangerous kind seems a very short one, and our organism itself may be looked upon as the proximate cause of morbid conditions let loose by the life-activity of bacteria.—*N. Y. Med. Record.*

ANTIPYRIN AND BROMIDE OF AMMONIUM IN EPILEPSY.

Almost countless drugs and combinations of drugs have been used in the treatment of epilepsy, with the result that the various bromides, either singly or combined, have so far given the best results in relieving this distressing disease.

It is well known, however, that the bromides, when used persistently in large doses, cause various very disagreeable symptoms; therefore something which will be equally efficacious in lessening the number of epileptic seizures, and, at the same time, not cause these symptoms, is a desideratum.

With this end in view, various drugs—as antipyrin, antifebrin, and bromide of ammonium—were separately tried in the Clinic for Nervous Diseases, University Hospital, with but indifferent results, until September, 1888, when Dr. H. C. Wood suggested the use of antipyrin and bromide of ammonium in combination.

Since that time Dr. Charles S. Potts states in the *University Medical Magazine* for October, 1890, that this mixture has been used with excellent results in forty-three cases of idiopathic epilepsy. In none did it fail to cause marked amelioration of the symptoms, and in some it gave relief when all the other commonly-used remedies had failed, and in none were any indications of bromism present, or any of the other disagreeable symptoms which antipyrin sometimes gives rise to.—*Therapeutic Gazette.*

THE TREATMENT OF BURNS.

Bardeleben treats burns after the following plan, which we quote from the *Hospital Gazette.* The injured part is first thoroughly washed with carbolic acid solution from $2\frac{1}{2}$ to 3 per cent., or with a solution of salicylic acid about 3 in 1,000. All the bullæ are then punctured and the serum allowed to escape, after which the whole part is thoroughly dusted with finely powdered nitrate of bismuth, and a thick layer of cotton wool applied. The latter is changed whenever it is impregnated with the discharges from the wound. If the burn is a very extensive one, the powdered bismuth may be set aside, and a bismuth ointment used instead. The author affirms that with this dressing cicatrization proceeds rapidly, and there is less discomfort than when any other dressing is employed. Despite the large quantities of bismuth that have been applied no toxic symptoms have been noted in consequence of its use.—*Times and Register.*

TREATMENT OF HIGH TEMPERATURE IN TYPHOID FEVER AND PHTHISIS PULMONUM WITH SMALL FREQUENTLY REPEATED DOSES OF ANTIFEBRIN.

Dr. August Favrat has treated a large number of cases in the wards of Prof. Sahli, in Berne, with small frequently repeated doses of antifebrin, (*Deut. Archiv. f. klin. Med.*, Hft. 6, 511). He is strongly in favour of antipyretic treatment, as it greatly increases the comfort of the patient, and by lessening metabolism, tends to husband the strength. The author points out at some length that most antipyretics are depressing, and that many of the newer ones are used rashly in practice, before we are thoroughly acquainted with their dangers, their doses, and the most effective ways of exhibiting them. When one reflects how long it has taken us to become even imperfectly versed in the possibilities to be attained with digitalis, opium, etc, we must conclude that new medicines are too lightly introduced and in many cases too lightly cast aside.

These considerations, and the fact that antifebrin, although a sure and active antipyretic, has certain drawbacks, such as the production of collapse, cyanosis, etc., have induced Professor Sahli and the author to try if they could not obtain the antipyretic action and at the same time avoid these drawbacks by giving the medicine in small repeated doses, instead of in a single large dose, as is customary. The advantages of such a plan are obvious, as any unpleasant effects may be at once observed and the medicine stopped before serious harm has been done. Antifebrin acts rapidly, and is therefore specially suited for exhibition in small repeated doses whereas a slowly acting antipyretic, such as quinine, either has no action in small doses, or causes a cumulative action after several doses have been given, thus losing the advantages to be derived from a divided dosage. In typhoid fever antifebrin was given in ½ to 1½-grain doses hourly in four cases. In no case was more than 20 grains given during the twenty-four hours. The action was satisfactory, and in all cases the temperature fell more markedly the higher it was. In seven cases in which similar doses were given every two hours the temperature was scarcely sufficient. When the morning temperature was not over 101.5° F., however, a two-hourly dose was found quite sufficient (four cases). Similar doses kept the temperature about normal in cases of phthisis. Neither in typhoid fever nor in phthisis did antifebrin exert any specific action on the course or duration of the disease. In all these cases antifebrin was well borne; a gentle antipyretic effect was maintained; in several cases sweating was present, but only in two was there the least sign of cyanosis or rigors. In no case was the patient ever much disturbed, and there were never any alarming symptoms. In conclusion the author gives a warning against the use of large doses, 3 grains being reckoned as such. Although much larger amounts are often well borne, yet in certain cases fatal results have ensued. A number of such cases are cited.—*Brit. Med. Jour.*

EMPYEMA.

Dr. Henry T. Bewley thus sums up his conclusions on The Pathology of Empyema, in an article on that subject in the *Dublin Journal of Medical Science:*

1. Empyema is always caused by micro-organisms.

2. These are of different species, there being no one specific variety.

3. In some cases ordinary pus producing and putrefactive bacteria get into the pleural cavity through some opening in the chest wall or lung.

4. Some cases are associated with croupous pneumonia, and are caused by the pneumococcus.

5. Some cases are due to the action of the tubercle bacillus.

6. In some cases pus-producing micrococci, which have in some way got into the blood, but are not, if unassisted, able to develop in the body, find in an inflamed pleura or serous effusion a locality suitable for their development, and under their influence a serous effusion becomes purulent.

7. Some cases are pyæmic.—*Times and Register.*

A NEW METHOD OF TREATING ANEURISMS.

Dr. William Macewen, of Glasgow, has recently added another to the long list of procedures intended for the relief of aneurisms. He thinks that former methods, such as galvano-puncture, introduction of wire, catgut, etc., have all been deficient, in that they produced only red thrombi, which can be absorbed or washed away. He aims, therefore, to produce in the aneurisms a white, hard thrombus. This he does by introducing a long, sharp needle and scratching the internal surface of the tumor, thus producing a proliferation of leucocytes. His description of the technique of the operation is as follows:

The instrument employed is a pin of sufficient length to completely transfix the aneurism to permit of manipulation within it. Its calibre ought to be as fine

as possible, the strength being only sufficient to penetrate the coat of the aneurisms and the intervening tissues. This cylindrical pin tapers to a point, like an ordinary sewing-needle, and has on its opposite extremity a somewhat rounded head. As the coats of aneurismal sacs vary in thickness, these pins must be made of various calibres, as those which may pass readily throngh one aneurismal sac may not pass through others with thicker walls. They ought also to be finely polished, not only to facilitate their introduction, but to help to render them aseptic.

"Before performing the operation the skin over the aneurism ought to be carefully cleansed and rendered aseptic. The aseptic pin ought then to penetrate the suc and pass through its cavity until it comes in contact with the opposite side. It ought to touch and no more. Then one of two methods may be employed: either to move the pin over the surface of the inner wall so as to irritate its surface, or to allow the impulse of the blood-current playing on the very thin pin to effect the same object. If the wall penetrated by the pin on introduction be dense, the former method will be preferable, as the force of the blood-current produces such a feeble action on the thin pin as to be insufficient to move it to and fro, while it is firmly grasped by the dense wall. After acting thus for ten minutes at one part, the point of the pin, without being removed from the sac, ought to be shifted to another spot, and so on until the greater portion of the internal surface opposite to the point of entrance has been touched; this ought to be done in a methodical manner. A single insertion of the pin through the aneurisimal sac into its interior may be sufficient to enable the point of the instrument to come into contact with the greater part of its internal surface, but in some cases puncture from various sides of the external wall may be necessary, so as to reach portions of the tumor which cannot be attacked from the first puncture. While the pin is in the aneurism it is surrounded by a portion of aseptic gauze, or moistened with an antiseptic solution. When it is withdrawn from the aneurism, the part ought to be covered with moist antiseptic dressing, preferably a watery solution of carbolic acid, which ought to be maintained for several days. The period a pin may remain in an aneurismal sac without doing damage is perhaps dependent on the individual and the state of the aneurism, but it ought never to exceed forty-eight hours. It is questionable whether all the necessary advantages derivable from the irritation of the wall of the aneurism could not be produced within a few hours."

Dr. Macewen says that his method is different from the old acupuncture procedure. He reports four cases of abdominal and thoracic aneurisms, with a cure of three.—*Med. Record.*

AMERICAN MEDICAL EDUCATION.

Looking at the system of medical education in America as it has prevailed for many years, we observe a peculiar and unsatisfactory state of affairs growing out of the following conditions:

This is denominated a free country.

There is entire absence of national authority or control in matters of education.

Each State regulates its educational institutions as it may see fit, or rather, we might say, leaves them to manage themselves.

Many of these institutions are to all intents and purposes, private corporations, conducted in the interest of private individuals, untrammeled to a great extent by legal enactments, and controlled in their conduct only, by a poorly educated and unenlightened public opinion.

So speaks Dr. R. B. Maury in a lecture delived at the opening of the Memphis Hospital Medical College. If the worthy doctor is ever able to secure for the control of medical, or any other educational institutions, a cultivated and enlightened, instead of "a poorly educated and unenlightened public opinion," he will secure what even the most sanguine of us shrink from hoping for.—*Times and Register.*

SYMPTOMS OF CHRONIC OBSTRUCTION OF COMMON BILE DUCT BY GALL-STONES.

Dr, Wm. Osler (*Canadian Practitioner*), says:

Chronic obstruction of the common bile duct is often accompanied by an intermittent pyrexia, associated with a symptom-group of the greatest diagnostic importance.

This pyrexia is not usually the result of suppuration, as has been supposed, but occurs with a catarrhal cholangitis.

That it arises from the absorption of a ferment, produced in the ducts, is rendered highly probable by the discovery of micro-organisms both in the catarrhal and in the suppurative cholangitis.

While recovery may follow, even after months or perhaps years, a fatal event is only too common.

A recognition of the importance of this intermittent pyrexia and its associated symptom-group, as diagnostic of obstruction of the common duct by gall stones, should, in the present condition of hepatic surgery, lead to more frequent operative interference in these cases.—*American Lancet.*

ACUTE OBSTRUCTIVE DISEASES OF THE LUNGS.

Dr. A. H. Smith (*Amer. Journal of Med. Sciences*, says:

1. In acute pulmonary obstruction, the danger being from exhaustion of the right heart, the pulse at the wrist does not give reliable indications as to the gravity of the condition.

2. This can be appreciated more correctly by studying the pulmonary circulation by the aid of the pulmonary valve-sound.

3. Marked accentuation of the pulmonary-valve sound indicates a fairly vigorous right heart laboring to overcome resistance in the pulmonary circulation.

4. Decrease of a previously existing accentuation with only moderate dyspnœa, indicates decrease of pulmonary obstruction.

5. Decrease of accentuation with increase of respiratory distress, indicates that the right heart is becoming exhausted.

6, Relief is to be sought: (*a*) By regulating the diet in conformity with the diminished power of digestion and sanguification; (*b*) By the use of medicines which dilate the arteries and promote transference of blood to them from the veins; (*c*) By the inhalation of oxygen gas; (*d*) By artificial respiration; (*e*) By placing ligatures about the extremities in order to retain the blood in them and prevent its return to the heart.—*American Lancet.*

NASAL REFLEXES.

Dr. A. B. Thrasher (*Med. News.*) says that the multiplicity of symptoms attributed by modern rhinologists to nasal reflexes, has caused not a little opprobrium to fall upon the specialist.

Among the affections attributed to intra-nasal lesions are: Asthma, hay-fever, cough, spasm of the glottis, gastralgia, dyspepsia, tumefaction and redness of the skin of the nose, œdema of the conjunctiva, conjunctivitis, photophobia, epiphora, asthenopia, glaucoma, scotoma, salivation, cardiac palpitation, disorders of smell, taste, hearing and sight, huskiness of the voice and aphonia, exophthalmic goitre, rheumatic pains, vertigo, chorea, epilepsy, melancholia, agoraphobia, aprosexia, neurasthenia, migraine, cephalalgia, neuralgia, nocturnal enuresis, many uterine disorders, affections of the genito-urinary mucous membrane, etc.

Many of these affections are not true reflexes, but are caused by changes in blood-pressure, or by extension of inflammation by continuity of tissue. The specialist should carefully examine the nose, but he should also be a general physician, and search the entire system for the often obscure *causus morbi.*

Dr. Thrasher reported two cases of salivation due to intra-nasal disease. He thought that in these cases the cause of nasal reflex was twofold: Primarily, a

diseased condition of the respiratory tract of the nose; Secondly, an abnormal irritability of the central nerve ganglia. This affection of the central nervous system may have been caused by repeated irritation of the intra-nasal tissues, or by some extra-nasal irritation.

In reflex diseases arising from the nose vaso-motor paresis, very different from active inflammation, is generally present, although it may be masked by active inflammation.

The immediate exciting cause of the reflex may be a mechanical, chemical, or thermal irritant.

There is at times some difficulty in making the diagnosis, as the severity of the reflex is not in proportion to the amount of nasal disease. Sometimes the local application of cocaine will abolish the reflex; or, again, it may be excited by the irritation of a nasal probe; but these means are not always to be relied upon.

As a rule, constitutional as well as local treatment must be instituted.

It is apparent that in these reflex disturbances the specialist should be broad in his ideas, not viewing the whole world through the nasal speculum, and not expecting to see all bodily ailments reflected in his rhinoscope.—*Amer. Lancet.*

TREATMENT OF GASTRIC ULCER.

Donkin (*Wiener medicinische Presse,* November 2, 1890) thinks that the best results in the treatment of gastric ulcer are obtained by giving the patient neither food nor medicine by the mouth, and relying upon rectal alimentation. He does not believe that gelatin suppositories and peptonized preparations have any advantages over beef-tea and milk in rectal feeding. The patient should receive at intervals varying in different cases 2½ ounces of beef-tea and from ½ to 1 ounce of brandy either with or without the yolk of an egg. An equal amount of milk may be substituted for the beef-tea or the enema may consist of equal parts of each. It is necessary to wash out the rectum before each injection and if it becomes very irritable a few drops of laudanum may be given with each enema. By the mouth, the patient may be occasionally given a small piece of ice but absolutely nothing else. Morphine given subcutaneously to allay the pain, the author considers the most useful drug that we have in the treatment of gastric ulcers.

In Donkin's experience this treatment causes the gastric symptoms to disappear in from ten to nineteen days, when in additon to the enemata small quantities of milk and bouillon may be given by the mouth. The author has also adopted this method in the treatment of many obstinate cases of dyspepsia.—*Med. News.*

IODIDES VERSUS THE SALICYLATES.

Rosenbach and Pohl (*Therapeutic Gazette*) say:

That salicylated solutions are not only eliminated by the urine, but pass into the articular cavities, peritoneum, and pleura, as well when these cavities are in a normal state as when they are the seat of an exudation; consequently they are to be found almost invariably in simple transudations, and also, though in less quantity, when the exudations are purulent. In this respect there is no difference in peritoneal or pleural exudations. But, on the other hand, it is impossible to find the salicylate of sodium in the saliva, in the gastric juice, in the intestine juice, or in the bile.

Iodated preparations administered by the mouth or subcutaneously, pass into the urine and into the saliva; as is the case with the salicylated preparations, they are also to be found in liquids transudated under the skin, into the abdominal cavity, or into the pleura, and this holds in affections of the most varied nature.

On the other hand, no traces of preparations of iodine are ever to be found in serous or purulent exudations; thus, the presence of iodine has never been detected in the articular exudations, either in healthy subjects or in subjects of disease,

even after the administration of large doses of different preparations.

Salicylate of sodium injected into an articular cavity, whether the seat of a liquid transudation or a purulent or serous exudation, may be invariably detected in the urine.

When iodide of potassium is given in the same manner, the presence of iodine may be detected in a few moments in the saliva and in the urine, whether the articular cavities have been the seat of a serous or inflammatory exudation, or whether they are occupied simply by a transudation.

There thus exists between iodine and salicylate of sodium a difference, in that the second medicament, whatever be its method of administration—whether by mouth or by rectum, subcutaneously or directly into a serous cavity—is transferred in all directions by the liquids of the organism, especially into the serous cavities and in the urine, while iodine administered by the mouth passes into the urine and saliva, and never into the articular cavities, whether these are in a normal state or not, and never into the inflammatory exudation of serous cavities, such as the pleura and perium.

The authors conclude from these facts:

That the iodide preparations are completely inefficacious in cases of acute articular rheumatism, as well as in cases of serous or purulent inflammations of the pleura or peritoneum, for they never are carried to the seat of the morbid processes.

That the salicylated preparations, on the other hand, deserve to be more employed in cases of articular rheumatism and in cases of serous pleurisy, since it has been established that a considerable quantity of these substances passes into the pleural cavity. It is evident, however, that in view of the volume of this large cavity, large doses of the remedy are required, or it should be administered immediately after the puncture before renewed secretion takes place. It also would appear that direct injection of the remedy after puncture possesses certain advantages. The authors attribute the favorable and rapid results obtained in a series of cases of exudative pleurisy of moderate severity to the association of thoracentesis and salicylated medication.

Finally, in doubtful cases the potassium iodide may be utilized to decide the question as to whether any given case is a simple product of transudation, or inflammatory exudation, The experiments of the authors show that in the first case, after the administration of iodine by the mouth, the iodine may be found in the transudated liquid, and not in the inflammatory exudation.—*Amer. Lancet.*

PEROXIDE OF HYDROGEN.

This is a drug which has been gradually and steadily gaining in favor, which has not been bolstered upon the profession by means of the false statements of dealers or the still more misleading reports of unscientific enthusiasts, but which has yielded to each who has faithfully tried it results so constant and so satisfactory that he has learned to depend upon it.

As ordinarily found in the shops, peroxide of hydrogen is a 3.2 per cent. solution, yielding fifteen times its bulk of oxygen. This solution is far more potent than is water charged with fifteen times its volume of oxygen, since in the peroxide preparations the gas is given off in its nascent state and is peculiarly powerful in its chemical affinities.

There is abundant evidence as to the value of peroxide both from the clinical and the experimental standpoint. The number of those who have reported excellent results from its use is very large, and to this must be added the testimony of the bacteriologists, who find in this drug a potent and almost immediate germicide. It is devoid of septic properties, its worst effect being, when used in a too concentrated form, to cause some local pain and irritation. It is applicable to all cases where there is pus, and when the discharge is foul and profuse is unequalled in the effect it produces. In suppurating otitis media in purulent con-

junctivitis, the aurists and ophthalmologists have long prized it as one of their most valuable medicaments. In the sloughing inflammations following scarlet fever and diphtheria the laryngologists place great confidence in its powers. The surgeon, however, in whose work it would prove generally valuable, has been most chary in recognizing its virtues. There are reasons for this. The preparation is unstable; in past time it has frequently been impure, and unscrupulous or ignorant pharmacists may palm off on the profession preparations which have lost their power and become absolutely inert. At the present time peroxide of hydrogen can be obtained pure and of full strength (3.2 per cent. solution).

Its use in a great variety of sloughing and suppurating cases has given results better than those obtained from any other germicide, bichloride of mercury not excepted. When the discharging area is represented by a surface of granulations, the drug can be applied by means of an atomizer; this enables a small quantity to reach every portion of the infected surface. In the case of a suppurating fistula or cavity the peroxide may be injected by means of a syringe. Immediately following its application to a purulent surface an active effervescence goes on, and every particle of pus which it reaches is destroyed. Not only this, but the microbes, the active agents of pus formation, are also devitalized, so that a large surface can sometimes be rendered aseptic by one or two applications. Even if this result is not reached, the discharge is greatly lessened, and it is by no means uncommon to see a case the pus from which could be counted by drachms, so favorably affected that the dressings contain but a few drops of purulent matter.

The strength in which the fifteen volume solution is used will vary with individual cases. It can be employed without harm in full strength. Where this is painful, one, two or four parts of water may be added.—*University Med. Magazine.*

LIGHT IN THE SICK ROOM.

Most of us can remember the days when it was the almost universal custom to shut patients up in dark, close stuffy rooms, irrespective of the disease from which they were suffering. I call to mind the funereal aspect of sick rooms I visited as a child, and the impression produced was not an agreeable one. There are, of course, some maladies, in which the admission of light is prejudicial to the patient, but even oculists are now taking their patients out of the dark chamber at the earliest possible moment, fully appreciating the benefit upon the system generally, and, therefore, upon their special territory of the sunlight. Of the Weir-Mitchell treatment nothing need be said. It is a special form of treatment for special purposes, and when intelligently carried out, is undoubtedly potent for good. But it is just possible that many of us practising physicians are not careful enough about the arrangement of the sick-room. In the houses of our more wealthy patients the *trained* nurse, that inestimable boon to the medical attendant, will look after the ventilation, tidiness, light, etc., of the chamber. But with our poorer patients do we not sometimes neglect to duly impress upon the friends and attendants the importance of plenty of light; of the removal of soiled clothing, etc.? Old prejudices die hard, and there is no doubt that many an old-time nurse shuts her patient up and starves her by withholding light and air, in spite of the doctor's directions and much to the patient's disadvantage. How often do we, on entering the patient's chamber, have to make the request "pull up the blinds," or "open the shutters," before we can even get a sight of our charge; and when the light is admitted, how often do we find a condition of things that could hardly be tolerated if the light was freely admitted all the day long—Dust, soiled clothing, dirty dishes, half-eaten portions of food, untidy bed, dirty medicine glasses, *et al, ad infinitum;* and all of which had been concealed by

the friendly (?) darkness. In a word, the patient's environment is entirely unsanitary. Not only is this true, but sunlight—a powerful restorative, is denied the patient. It need not be said that the patient "cannot bear the light." The bed can be so arranged that the direct rays of light need not fall upon the patient's face, though even that would be in all cases less an evil than enshrouding him in darkness, and, in the great majority of cases, positively beneficial. Light in the room will have a tendency to make the dirt flee beneath the hands of the attendant. Sunlight diffused through rooms clarifies and warms the air. It has a cheering and beneficial effect upon the sick, and an influence upon the minute organic poisons; "the best disinfectant we have," which is altogether in favor of the patient.

It is not necessary to refer to the difference in appearance, health, vigor and tone between the inhabitants of crowded cities and those of country districts, to the town-made child and the country one, to the cellar-bred children, with their rickets, struma, physical and moral deformities. All this we have known from our youth up. Why then should we deny the sick the benefits of the life-giving sun? The blue-grass treatment, craze though it was, undoubtedly did some people good, simply by their exposure to the sun's rays. In theory we accept the doctrine of revivifying powers of sunlight, but do we always in practice act up to it, and insist upon its free admission to the chambers of our patients? Dr. Richardson was undoubtedly right when he said that the first words of the physician or surgeon on entering the dark sick-room should be the dying words of Goethe, "More light, more light!"—*Canada Lancet.*

THE NATURE OF DR. KOCH'S LIQUID.

We may reasonably expect that within a very short time the profession will be placed in possession of such details concerning the nature of the material discovered by Professor Koch to have so powerful an effect upon tubercular tissues as may set at rest the "secret remedy" question. This at least may be gathered from the important statement made on the 29th ult. by Herr von Gossler in the Lower House of the Prussian Diet.

It has seemed to us no compliment to Professor Koch to regard the result of his scientific investigations in the same light as other so-called "cures" and quack remedies, but at the same time we have felt that there could be no possible harm accrue from such an exposition of his researches as might satisfy the most delicate scruples. Nay, we believe that no difficulties will be placed in the way of competent bacteriologists being instructed in the methods in Professor Koch's laboratory. What, however, is essential, in the interest of medical science and of the tubercular patients themselves, is that the material, wherever made, should be thoroughly tested as to its reliability before being placed in the hand of practitioners. A fortnight since we ventured to suggest as a feasible plan to meet this requirement, that each specimen of liquid wherever prepared should be certified by a central and responsible authority. The Prussian Minister hinted that the State would undertake this responsibility, in the following declaration. He said: "A feeling of satisfaction will be experieneed throughout the world if Prussia sets her stamp upon the lymph, but a guarantee must be given that there is no question of financial or other subsidiary considerations. The Government would eventually invite other nations to send representatives to study the remedy and make it known in their respective countries." We can endorse this satisfaction, and accept the assurance that nothing of a commercial speculation will be made of the remedy. That five grammes of the fluid, sufficient for 5000 injections, should cost 25 marks is not surprising, and, indeed it shows that it is *quoad* its alleged effects, perhaps the cheapest drug ever placed in the market. It is noteworthy that secret remedies are nowhere so sternly discoun-

tenanced as in Prussia. Moreover, we learn that on the left bank of the Rhine, where the Code Napoléon is still in force, it is absolutely illegal to use any remedy the composition of which is unknown, and even a newspaper writing in favor of it is liable to a fine. Finally, we would call attention to the subjoined statement made by the Vienna correspondent of *The Times* of the 3rd inst,:

"The Vienna Board of Health has passed the following resolutions:—The inoculation of out-patients with Dr. Koch's lymph is not to be permitted for the present. Every case of inoculation is to be notified to the authorities, and both physician and patient are to be closely watched. The origin of the lymph must be exactly described in each instance. An order from the Minister of the Interior based on these resolutions will be immediately published."

The need for such stringent surveillance is, we regret to learn, due to the doubtful character of the practice which has arisen in that city. Apart from this, the highly dangerous nature of the remedy must necessitate the greatest caution in its employment.—*Lancet.*

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

The importance of special hospitals is very evident in a city which is tending towards becoming one of the great medical centres in the country.

This want was greatly felt some years ago in Baltimore, when in consequence the "Presbyterian Eye, Ear and Throat Charity Hospital" was organized.

This institution, which has been in existence only about eleven years, has been steadily increasing year by year, owing to the favorable location and constant and faithful application of the attending staff.

At present, this hospital ranks among the first eye hospitals in America (in only two or three, more work is done, according to the annual reports).

The students from the Maryland University and Woman's Medical School have access to the clinics.

To give greater advantages to senior medical students, special days have been set apart as operating days. All operations upon charity patients, as far as possible, are deferred for the regular set days; notwithstanding, operations are performed every day upon those who cannot wait. For instance, Thanksgiving Day, although considered an off day, 3 cataracts were extracted and 2 iridectomies were done.

Since October of the present year, Tuesdays and Fridays of each week have been the special days for the surgical work.

A detailed account of these surgical clinics will indicate the value of this hospital as a special school for the study of eye disease.

Starting with the first Tuesday in October. the following will be reported up to date:

Tuesday, October 7th:	
Capsular cataract, needling,	1
Internal strabismus, tenotomy of internal rectus,	1
External strabismus, tenotomy of external rectus,	1
Replacing upper lid, torn off by an explosion	1
Enucleation of lost eyes,	2
Cataract extraction,	1
Friday, October 10th:	
Orbital cyst, excision,	1
Removal of conjunctiva for trachoma,	2
Iridectomy for closed pupil,	1
Tuesday, October 14th:	
Cataract extraction,	3
Enucleation of lost eyes,	1
Iridectomy for closed pupil,	1
Friday, October 17th:	
Detached retina, cauterization,	1
Internal strabismus, cutting internal rectus,	1
Extropion of lower lid,	1

Cyst of lower lid, 1
Capsular cataract, needling, 1
Tuesday, October 21st:
Capsular cataract, needling, 1
Iridectomy for closed pupil, 1
Cataract extraction, 1
Friday, October 24th:
Cataract extraction, 2
Removal of conjunctiva for trachoma, 1
Tuesday, October 28th:
Cataract extraction, 3
Capsular cataract, needled 1
Iridectomy, preparatory to capsular extraction, 1
Friday, October 31st:
Cataract extraction 2
Iridectomy for glaucoma 1
Tuesday, November 4th:
Iridectomy for closed pupil 1
Enucleation of lost eyes 1
Capsular cataract, needled 1
Removal of conjunctiva for trachoma 1
Cataract extraction 1
Friday, November 7th:
Cataract extraction 1
Neurotomy for lost eye 1
Extraction of capsule 1
Iridectomy for closed pupil, 1
Tuesday, November 11th:
Cataract extraction, 2
Iridectomy for closed pupil, 1
Friday, November 14:
Cataract extraction, 2
Enucleation of lost eye 1
Tuesday, November 18th:
Cataract extraction, 1
Friday, November 21st:
Iridectomy for closed pupil 1
Enucleation of lost eye, 1
Cataract extraction 1
Capsular extraction 1
Capsular cataract, needled, 1
Ectropion 1
Tuesday, November 25th:
Enucleation of lost eye, 3
Cataract extraction, 1
Epitheloma of lower lid, 1
Capsular cataract, needled, 1
Friday, November 28th:
Ectropion, 1
Extraction of capsule, 1
Internal strabismus, tenotomy of internal rectus, 1
Tuesday, December 2nd:
Cataract extraction, 4
Capsular cataract, needled, 1

H. L. HILGARTNER, M. D.,
Resident Physician.

Medical Items.

The didactic lecture of medical teaching must go.

Ireland registered no deaths from smallpox last year.

The University of Virginia furnishes one-sixth of all the surgeons in the U. S. Navy.

The Medical Department of the University of Pennsylvania has lengthened its compulsory course to four years.

There are several candidates for the position of Surgeon General of the U. S. Army, and friends of Dr. Billings are supporting him.

Several patients in the Johns Hopkins Hospital wards were inoculated with Dr. Koch's lymph last week. The results will be published later.

The foot ball season is marked in England by almost weekly fatal results. In this country less harm is done because of the prohibition of many of the rougher features of the game.

A Brooklyn ambulance took to the police station a man with a fractured skull, under the belief that he was simply drunk. The man died. "Drunk or not drunk," is the question the ambulance surgeon did not answer correctly.

Mr. H. K. Lewis, of London, announces that he will issue a third edition of Dr. Crookshank's *Manual of Bacteriology* at an early date. The work has been revised, and some new engravings and plates have been added.

The Colorado physicians are strong in the belief that a consumptive who goes to their State should live there until he dies. This may be sooner or later, but if it is desired to secure the latest date, a continued residence at that high altitude is imperative.

It is said that the pastor of a Cincinnati church announces he has fitted up a dispensary in connection with his study, for the use of members of his church who desire treatment, and that a member who is an eye and ear surgeon will render all needful medical attendance.

Professor Koch has been elected honorary fellow of many medical societies on the Continent—e. g., at Vienna, Prague, Buda-Pesth, and elsewhere. The freedom of Wollstein in Posen, where he was in practice, has been bestowed on him, and a tablet is to be affixed to the house he occupied.

The Philadelphia Polyclinic and College for Graduates has just completed a building designed especially for its work. It is said that this is the first building thus erected. All others have remodeled old buildings as best they could. The excellent work already accomplished by this school can unquestionably be rendered better by this addition to its facilities.

On Dec. 11th, at Klausthal, the native place of Dr. Robert Koch, there was a general celebration of the anniversary of his birthday. On the façade of the house in which he was born a memorial tablet had been placed, and its formal unveiling, preceeded by the customary *éloge*, was among the chief incidents of the day.

Dr. Proctor Thayer died, October 1st, at his Cleveland home, aged sixty-seven years. As Professor of Anatomy and Surgery in the Cleveland Medical College, he was a promiment figure for more than a generation. As a practitioner and man he was also widely known, respected and honored. Educated in the pioneer days of Northern Ohio, he grew strong in overcoming the difficulties that beset all, and especially the doctors.

The Koch system of treatment in phthisical cases is about to be applied on an extensive scale at Meran in the Austrian Tyrol. A special sanatorium is being provided for the purpose, the physicians retained for the treatment are Drs. Rochelt, Huber and Fischer, and the nursing department will be entrusted to the Kreuz-Schwestern, (Red Cross Sisters). Should a cure be affected, the patient must leave the sanatorium to make room for others, and in this way the clinical reports, it is hoped, will be made to include as large a *catena* of cases as possible.

Dr. James M. Porter, one of the best-known citizens of Allegany county, died at his home in Frostburg, last Monday. He had been suffering for a long time from a paralytic stroke received eighteen months ago. It was thought that he would recover, but he could not stand the physical strain. Dr. Porter was born at "Rose Meadow Farm," three miles from Frostburg, April 14, 1817. His father was the late John Porter. Dr. Porter received his primary education in Frostburg, and studied medicine in the office of the late Drs. Samuel R. Smith and Thomas A. Healey, in Cumberland, and later entered the University of Maryland in Baltimore, during the session of 1839 and 1840. He also attended lectures the University of New York, where he was graduated. He was at one time president of the American Medical Association of the Maryland Medical and Chirurgical Faculty.

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CONTENTS

ORIGINAL ARTICLES.

The Notification of Infectious Disease. By A. K. Bond, M. D., of Baltimore. . . 177

The Treatment of the Nasal Catarrhs. By W. T. Cathell, M. D., of Baltimore. . . . 184

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Nov. 21st. 1890. The Use of Pyoktanin in Diseases of the Eye. The Diagnostic Value of Laveran's Organisms in Malarial Diseases. Discussion. 188

EDITORIAL.

Valedictory. 192

Color-Blindness. 192

CORRESPONDENCE.

The Relation of the Physician to the Beneficial Society. 193

REVIEWS, BOOKS AND PAMPHLETS. . . . 195

MISCELLANY.

Treatment of Inflammation of the Vermiform Appendix.—Cocoanut for Tape Worm. . 197

MEDICAL ITEMS. 198

Original Articles.

THE NOTIFICATION OF INFECTIOUS DISEASE.*

BY A. K. BOND, M. D.,

OF BALTIMORE.

The majority of the practitioners of the city of Baltimore, were living in forgetfulness of the fact that there was such a thing as Notification of Infectious Disease, and that a law upon the subject had been enacted for our city and State, when the new Health Commissioner, at his entrance into the office in 1889, suddenly called the matter to their attention and gave occasion to a hot dispute as to the wisdom of reviving the long-forgotten law under the existing condition of our health force. Although but little has since been written upon the subject, a good deal of thinking has been done by those upon whom the burden of legal penalty was thus again forced. Desirous of learning the true bearings of the subject, I have been lead to a careful study of the working of such laws, and of their results in other communities, choosing for perusal, as indicating most continuously and fully the experiences of health officers, and of the profession, the numerous official reports and other communications published in the leading journals of Great Britain.

The subject began to engage the attention of the British profession about the year 1870. Already a few leading workers in advanced sanitation had made suggestions concerning the need of municipal control of patients suffering from infectious disease, but that the idea was a comparatively new one, is proven by the fact that the transport of small-pox patients in crowded public conveyances and

*Read before the Clinical Society of Maryland, Nov. 7, 1890.

the sending of the clothes of such patients to be washed and mended by unprotected persons, was first forbidden by law in 1866.

In 1870, a plan was adopted in the British Medical Association requiring the medical officers of the public hospitals and relief associations or unions *which received aid from the State* to forward regularly to the health authorities tabulated statements of the number and character of infectious cases coming to their notice. At this time, however, no effort was made to secure notification from private practitioners, as it was gravely questioned whether such notification would be consistent with the liberty of the citizen and the professional honor of the physician. Nor was any further interference with the movements of such patients contemplated, the object being to obtain a general idea of the prevalence of certain diseases in the community. The effort seems to have been quite successful, although some poor officers complained of over-work. A remonstrance was heard from Edinburgh that notification limited to poor officers involved a class distinction, and was therefore illegal, but very little attention was paid to this objection.

During the years immediately following the above-described attempt to obtain statistics of disease, desire was manifested in various quarters for a general registration of infectious cases, in both public and private practice, and for some sort of control of the movements of persons thus diseased. This desire was strengthened by the prevalence of small-pox and typhus fever throughout the country, and the frequent occurrence of very fatal epidemics of these diseases—a proof that the primary lessons of vaccination and common cleanliness had not yet been learned by the British people.

In 1875, attempts to obtain the desired information by means of voluntary reports from physicians having failed, the need for a law rendering notification and isolation compulsory was discussed in various parts of the country and considered at length in the leading medical journals. The matter was brought before Parliament which at first refused to legislate, but gave to each municipality the privilege of making such enactments as it pleased upon the subject. At a later date, (1889,) Parliament passed a law making notification compulsory, which was to go into operation at once in London, and might be adopted by other municipalities at their pleasure.

Various plans for securing the desired notification have been tried in the different cities of Great Britain, and many modifications of each plan have been suggested. They may be arranged under five heads.

First. The "ideal" method, which seems, from the practitioner's point of view, to be the best, but which has never been enforced in all its particulars in any one town. According to this plan the physician, when first aware that a patient is suffering from an infectious disease, presents to the "care-taker" (the person who has charge of the patient) a printed form supplied by the Health Office, in which it is stated that the patient is ill with a certain notifiable disease. This form, in its accompanying addressed envelope, the care-taker mails at once to the Health Officer. If no doctor is in attendance, the care-taker sends word by messenger or by letter to the Health Officer. The physician is liable to fine if he fails to give the notice to the care-taker, and the care-taker if he fails to forward the notice to the Health Officer. The form furnished the physician contains the printed words, "no immediate attention required," and if the case needs inspection by the Health Officer, the word "no" is quietly crossed out by the physician before he gives the form to the care-taker. For each form sent in, the physician receives a moderate fee from the corporation. When a form which does not call for inspection reaches the Health Office, the case is simply recorded in the book of statistics of disease. If inspection is desired, the *Health Officer*, or his *Medical Assistant*, in company with an employee

of the office, visits the premises and directs his agent or the care-taker in the establishment of the necessary isolation and disinfection. If the patient can be cared for at his home, the Medical Officer or his agent visits the house daily, and sees that the necessary precautions are enforced. At the close of the illness the officer superintends a final disinfection or requires of his agent a certificate signed by the physician or the householder that the agent has carefully attended to the necessary details. If, in the opinion of the Medical Officer and of the attending physician, the case cannot be properly and safely cared for at home, the patient is removed to a ward reserved for that particular disease in a properly furnished isolation hospital, a member of his family being, if desired, isolated with the patient, and occasional visits by the family physician being permitted.

Second. Notification by the physician directly without consultation with the care-taker. This is ineffectual, because many cases are treated by household remedies without a physician.

Third. The so-called "Dual" notification, the method established by Parliament, which requires separate notice by both physician and care-taker. Practically, the whole burden falls on the physician. The dispute in Great Britain between the profession and the health boards turns really on the rival claims of the "dual" and the "ideal" methods. If the dual method were ever fully carried out, it would have the disadvantage of involving double work.

Fourth. Notification by the care-taker only. This is necessarily a failure among the ignorant classes.

Fifth. Not considering the notification of every case desirable, Greenock passed an ordinance according to which the Police Board, on receiving notice from the town medical officer that epidemic contagious or infectious disease was present in the town, might issue an order requiring each householder in any district or in the whole town to report within 24 hours at the office of the Sanitary Inspector, on pain of penalty, any such disease in his house, no medical certificate being required. This "occasional" notification is likely to be employed only where continual notification according to the preceding methods is considered impracticable.

Believing that the "ideal" method is the best method for continual notification, I shall now discuss it section by section.

First. *The physician's responsibility ceases when he has given formal notice to the care-taker of the infectious nature of the disease.* The objection to the "dual" method has always been that it makes the physician a spy upon his patients, and requires of him duties which do not properly belong to him and are likely to embitter his patients toward him. By the "ideal" method no such objectionable requirements are made, for it has always been considered by the profession that the care-taker ought to be informed of the infectious nature of any case in charge. No objection would be made if a careless physician were fined for neglect of such an important duty. This method permits of harmony and co-operation between the Health Department and the profession, which is not likely to exist where the physician is required to inform the Health Officer directly. Courts of law may *decide* that this direct notification is *not* a violation of professional honor, but the physician still *feels* that it *is*. The threat of fine may compel him to obey, but it will make him hate both the law and the Health Department. The importance of this point will be admitted by all, for even the most ardent supporters of the "dual" method declare that, unless the profession co-operates heartily with the Health Department, notification will necessarily fail in its objects. The fear of delay, with the "ideal" method, in the receipt of the notice by the Health Officer is unfounded, for usually when the household of the patient is in disorder the doctor is requested, as a special favor, to drop the notice into the nearest post-box on his rounds.

Second. *The physician decides whether attention from the Health Officer is needed.* This saves the Health Officer from a great deal of unnecessary investigation, and gives him time to attend in person to the isolation of dangerous cases. In the homes of wealthy and intelligent people—especially where trained nurses are employed—the interference of the Health Officer or his agents is manifestly unnecessary, and is sometimes deeply resented by the family. The collection of statistics of the frequency of infectious cases would be advanced by allowing the physician the privilege of determining when inspection is required.

Third. *The physician receives a fee for each notification.* From the very first this has been claimed as a right by the profession of Great Britain, and, as far as I can learn, it has always been granted. The usual fee is from 25 to 50 cents for each notification, and great scorn has been expressed where the authorities were so "mean" as to try to reduce it or abolish it. The practitioner is not so likely to simply forget the notification, if he is paid for remembering it.

Fourth. *The Health Officer or his medical assistant inspects in person.* This is essential to good work, and would prevent many unpleasant occurrences which excite hostility toward the law and its officers. It cannot be done unless the physician is allowed to determine which cases are to be inspected. If the Health Officer is possessed of tact and intelligence and is not engaged in private practice, inspection by him even of the patient's person would be generally welcomed by the family physician, who would not unfrequently be glad to consult with him in regard to dangerous or difficult cases among the poor.

Fifth. *The patient is, in suitable cases, removed to the hospital.* Isolation of the sick is the logical result of notification, and without isolation no system of notification can be complete. In well-to-do families it may be secured in the home of the patient, but it is often impracticable among the poor, whose crowded and unwholesome dwellings are the seed-beds from which disease is disseminated throughout all sections of the city. If the measure is to be of real utility, just as perfect isolation must be secured on the crowded alley as on the spacious avenue. Where proper care and discrimination are used, no harm to the patient seems to result from removal to hospital. Isolation hospitals should stand somewhat apart from neighboring dwelling houses, else they may themselves become sources of infection. They should have separate wards for each variety of infectious disease, for experience has taught that patients ill with an infectious disease, or convalescing from their illness, may readily contract one or more additional diseases to which they are exposed. There should also be suitable reception wards, since mistakes in diagnosis frequently occur. The isolation of some member of the patient's family along with the patient would do much to remove popular prejudice against hospital isolation. Of course the family physician would suffer pecuniary loss in some cases if his patients were taken out of his hands, but this could not readily be avoided.

Sixth. *A certificate is obtained certifying that the final disinfection at the patient's residence has been carefully performed.* This is necessary, because otherwise the agent of the Health Department may neglect his duties.

What are the results of notification as it has been applied in Great Britain during the past twelve years? *Have physicians become reconciled to the burden laid upon them by the State?* According to the reports of Health Officers, they have; according to letters received by the *Lancet* from its subscribers and to various articles published in that great representative journal, they have not, except in the few towns where the physician does not directly notify. Knowing the hesitation which hinders quiet family practitioners from complaining in print of their personal grievances, I am inclined to believe

that there is. in the towns where it has been enforced, a strong under-current of dissatisfaction with the notification system. *Has the notification system lessened the number of infectious cases or lowered the death rate?* Typhus and small-pox have certainly been controlled by it. Asiatic cholera does not deserve notice, as it has probably not been met with. With respect to the other diseases on the list, scarlatina, typhoid, diphtheria, true croup, puerperal fever and erysipelas, it is uncertain whether any noteworthy influence has been exercised. Typhus and small-pox are grave diseases with well-defined symptoms, and can be quickly stamped out by the enforcement of simple sanitary measures, and, in the case of small-pox, by vaccination; there is therefore no dispute among intelligent persons as to the usefulness of notification and isolation during epidemics of these diseases. The other diseases in question are on the contrary, almost constantly present in large towns; on account of the mildness and the irregularity of the symptoms they frequently run their course without diagnosis or treatment; and some of them spread by unknown ways other than direct infection. Even the ardent supporters of the notification system admit that no positive proof has been given that any reduction in the frequency or fatality of these diseases has been brought about by enforcement of the law. The death-rate and disease-rate have fallen in some towns and risen in others without regard to the law. Even where the hospital accommodations have been so good that many patients have voluntarily sought them, the results have not been conclusive. Quite as good results have been obtained in towns where the physicians did not directly notify, as where the burden of the law fell upon them, for in the former case the physicians worked in sympathy with the Health Officer.

As might be expected, cases have been brought to light in which fatal exposure of convalescents has occurred through attempts of ignorant inspectors at disinfection. Where hospital accommodations were imperfect, parents sometimes concealed their sick children, and avoided calling in medical aid, from fear that the patients might be taken to a hospital. On occasions when the Health Authorities have attempted to restrain the parents of sick children from plying their trades, (no compensation for lost time being given) concealment has been used and tumults among the working people have been caused. Better statistics of the frequency of infectious cases have been obtained, and numerous sanitary defects have been discovered through enforcement of the law.

From this review of legislation in Great Britain concerning notification and isolation we may draw the following conclusions: The establishment of a complete system of notification is an undertaking of great magnitude. The Health Office must be filled by physicians of the highest tact and intelligence, and its agents must be men appointed because of special fitness for the work. Legislation on the subject must be such as will induce the body of practitioners to co-operate heartily with the Health Officer. A great deal of money must be expended in the pay of agents, the fees of physicians, the disinfection of houses, the replacement of property destroyed, and, finally, in the establishment and conduct of well-ordered isolation hospitals. The enactment of the existing law upon the subject in Great Britain was secured by health officials, who paid no attention to the expressed opinions of the mass of medical practitioners and to their pleas for more mature deliberation and for a due consideration of their interests. That many health boards have failed to appreciate the true purpose of the movement is proven by their report that the law was working very satisfactorily in large cities and towns where no fit hospital accommodations were provided, and where no effort was made to secure hospital isolation,—a report which refuted its own statements. It is evident that even the most perfect isolation cannot fully pro

ect any town if the neighboring towns make no intelligent attempt to secure it. In cases where careful isolation is not enforced, it is doubtful whether the incidental benefits which are obtained might not be secured by less expensive measures. Thus, the exclusion of infectious convalescents from schools is generally provided for by school laws; the Health Department should be compelled by law and by public opinion to search out *of its own motion*, or to investigate on complaint of householders, all nuisances which threaten the public health, whether deposits in the streets or unsanitary arrangements in the houses, *without waiting until the matter is forced upon its attention by the outbreak of disease;* of dangerous epidemics, the Health Officer who is in sympathy with the profession is likely to be quickly informed, without compulsory legislation; *exact* statistics of the number of infectious cases in populous town, have I believe, never been obtained under any circumstances. There is always an unknown proportion of cases which escape record, and the collection of *inexact* statistics surely does not warrant such elaborate machinery.

In view of the experience of Great Britain in the matter, what can be said of the outlook in Baltimore, where a law of "dual" notification fashioned closely after the British Parliamentary law has been for years upon the statute books?

No public spirited physician can possibly be contented with its present working; but is it worth while to seek for a more perfect execution of the existing law? A careful consideration of the subject leads me to the belief that no such effort will at present succeed. That the authorities whose business it is to guard the public health have not been moved by respect for law in the matter is shown by the fact that no effort whatever has been made by the new office holders to put into force the other half of the "dual" notification law—that which requires notification by the householder or caretaker. While the physicians have been sternly threatened with heavy fines if they do not carry out the requirements of *their* half of the law, a copy of which has been sent to each of them, no adequate notice has been given to the public, by the health officer as to *its* half of the law and the penalty for disobedience

If the idea of the health office is to educate the public to its duty, why is not explicit and repeated notice given in the public press, and by placard or hand bill, etc., of the danger of infectious disease and the need of notification? If the city officials honestly desire to prevent the spread of the diseases mentioned in the law, why are no efforts made to provide isolation hospitals, which are absolutely necessary for such an end? If these authorities sincerely wish to search out and remedy the conditions which favor and cause these diseases, why are not men, trained beforehand for such investigations, employed as sanitary inspectors? As long as no satisfactory answer is given to such reasonable questions, the medical profession of Baltimore must believe that the late move on the part of the guardians of the city health was made by them rather for the sake of keeping up a show of advancement in such matters than with any sincere and intelligent purpose of making the health of this city what it ought to be.

It is said by some that the best way to get a good law, is to carry out to its extreme limit an existing bad one. The theory of this is that when a great amount of suffering and damage has been done by the enforcers of the bad law, the public will finally revolt and secure its repeal. The application of such a principle in medical or sanitary affairs is sad to contemplate, for the sufferers are often the poor and sick and friendless who do not know how to reach the ear of the public or of those who make the laws. I believe that, in this department of legislation at least, the proper mode of dealing with a bad law is to protest loudly, sternly and persistently, in private, in public and through the medical and lay

press, against the enforcement of the law.

Personally, I have not obeyed the present notification law where I could avoid it. I desire, as a loyal citizen, not only to obey all right laws of the city, but to use every effort to secure general obedience to them on the part of my fellow citizens. When I consider the present law and the methods and men used to enforce it, respect for it or its enforcers vanishes. In my opinion the questionable advantages which are going to result from its enforcement, as at present, do not justify the physician in exposing himself and his patients to the discomforts and it may be dangers which are involved in notification. When I reflect upon the apparent motives of the authorities who made and who enforce the law, and upon the absence of proper equipment for carrying it out (as regards isolation), I feel that as a physician I have been deeply wronged by the threat of fine. It is a grave matter for the law-makers to place loyal citizens in a dilemma between their conscientious convictions of duty and the requirements of law. It is no wonder that, as in this case, evasion of the law with consequent loss of respect for it and dislike of its enforcers is the result.

One thing we may take comfort from: that no attempt has been made under existing circumstances to carry away the sick from their homes and crowd them together, with their different diseases, into half-furnished and ill-managed hospitals.

Is it likely that a better law can be secured at present? The experience of Great Britain teaches that, where the health officers of the city and State possess a preponderating influence in the councils of the legislators, the feelings and opinions of the great mass of medical practitioners are not considered worthy of respectful attention.

Perhaps the results of efforts in other cities will show that continual notification is not desirable in cities like Baltimore, which are ruled by "practical" politicians, and at the same time desire to be considered economical, but that it is better (except in the case of small-pox, typhus and cholera, which very rarely appear in this community), to direct all efforts toward the control of the more malignant outbreaks of infectious disease, leaving the health officials free to attend to the simple duties of general sanitation which are now at times forgotten or neglected in the effort to carry out the letter of the notification laws.

In conclusion, I call upon those who have patiently followed me in these reflections, to correct anything that seems to them untrue in my statements, or, if they agree with me, to join me in an earnest determination to make the medical profession of Maryland what it ought to be, a strong, united and influential body of men, able to secure and to maintain wise and just medical and sanitary laws, enforced by trained sanitary agents, who acquire and hold their offices simply by right of fitness for its duties and faithful performance of the same.

I propose that this Society show its interest in the sanitary welfare of our city by appointing a committee of its members to consider the health of the city and the working of the health laws.†

The Governor of Sierra Leone, says that the climate of that place is not suited to those who trust in "faith" healing and ignore the means placed by Providence at their disposal for the relief of suffering humanity. The communication was called forth by the conduct of nine American missionaries, who had such faith in the "faith cure" that they would take no medicine until two of ther number died and two others became very sick of tropical fever. Even then they seemed to be influenced mainly by the fact that their conduct was endangering the lives of others.

†See report of this meeting in the JOURNAL of Dec. 13th, 1890.

THE TREATMENT OF THE NASAL CATARRHS.*

BY W. T. CATHELL, M. D.,

OF BALTIMORE.

Mr. President and Gentlemen:—In these days of scientific research and bright expectation in our profession, when hosts of bacteriæ, micrococci, bacilli and spirillæ are being discovered and studied; and the laws of antiseptic surgery and aseptic treatment are reaching scientific exactness, while Koch and his co-workers seem to be on the verge of the most welcome and useful discovery ever made by our profession, and while research and progress are making in every other department of medicine, the earnest work of able specialists is also bringing the etiology, the differential diagnosis and the treatment of the various diseases of the upper air passages from uncertainty and chaos, to a place among the most clearly defined in practical medicine; and I hope by a few brief papers to direct your increased attention to what I have found to be good and successful methods of treating various neglected but important diseases of the nose and throat. This, the first of the series, is on the treatment of the different forms of nasal catarrh.

ACUTE NASAL CATARRH,

also known by a host of synonyms, is the most frequent of all catarrhs, and is made important by being the starting point of the majority of cases of the more serious varieties, chiefly because people rarely consider a "cold in the head" an affection worthy of more than domestic treatment, and, in fact, the majority of cases do get well spontaneously, while a less fortunate fraction of them proceed by stealthy changes into more serious and stubborn affections.

In treating the initial stage of acute nasal catarrh, the utility of the various preparations of opium, and particularly Dover's powder, five grains every hour, during the day, and ten, fifteen or even twenty grains at bed-time, has surprising efficacy in aborting the disorder; especially when it give a night of warm, sound sleep. If however, in addition to the congestion of the nostrils there are paroxysms of sneezing I have found nothing to benefit them more than inhalations of the carbonate of ammonia and murate of ammonia, mixed and scented with oil of lavender, to be held to the nostrils at the moment a desire to sneeze is felt. Later in the affection, when the secretion becomes mucopurulent, the most effectual measure consists in opiates internally, and the application of sedatives and astringents to the congested membranes. Among the latter I have found nothing better than an ointment of cocaine, in combination with an antiseptic and protective, which not only diminishes the hyperæmia and simultaneous hyper-secretion, but also serves, by its contiguity to mechanically sheathe the irritated parts. The formula I generally employ is as follows:

℞.—Cocain. hydrochloratis, Acidi phenici, Eugenol — āā gr. vi
Menthol — gr. xii
Lanoline — ʒii

M. Sig.—Apply by means of a camel's hair pencil, or a tuft of lint or absorbent cotton.

The cocaine and menthol coming in contact with the inflamed turbinated tissue, lessen the sensibility, relieve the congestion and break up the morbid sympathies; the phenic acid benefits by its antiseptic property, eugenol pleases by its acceptable fragrance, and the lanoline aids by its protective and penetrating quality.

Among other useful agents may be mentioned palliative snuffs, applied by auto-insufflation. These, although acting on somewhat the same principle, fall short in being rather assuaging then positively curative, but nevertheless, they mitigate

*Read before the Medical and Surgical Society of Baltimore, December 12th, 1890.

the severity and hasten the recovery of many cases. A combination I sometimes prescribe is:

℞.—Bismuthi subnitratis } āā
Acaciæ } 3iii
Aluminis pulveris 3i–ii
Morphiæ sulphatis gr. ii
—M.

A small amount of sodii bicarbonas may be added to the above to prevent acid fermentation. This powder and all other powders intended for insufflation should be impalpably fine, for if a snuff has the least perceptible roughness it will excite sneezing and rhinorrhœa, and insure its own expulsion and its failure as a remedy. It should be used every hour or two, but for not more than twenty hours continuously, otherwise a harmful degree of astringency may be established.

Small doses of tinctura aconiti in the form of the London Throat Hospital troches, are a very advantageous accompaniment of other treatment in cases that exhibit marked pyrexia.

Temporary relief may be given to the reflex neurotic headaches that sometimes accompany the attacks, by repeated inhalations of vapors obtained from a sponge that has been squeezed in hot water, or better still, by pouring a drachm of the following mixture upon cotton wool in a wide mouth bottle, and inhaling *ad. lib.*:

℞.—Acidi acetici glacialis } āā
Acidi phenici } gr xii
Mist oleoso-balsam (Ger. Ph.) 3 ii
Tincturæ moschi gtt. x
—M.

The period of duration of acute nasal catarrh varies in different individuals according to the rhinorrhœa, the intensity of the attack, and the state of the atmosphere, and all these must be considered in forming an opinion as to duration.

CHRONIC NASAL CATARRH,

is the next frequent in occurrence, and often succeeds a neglected acute attack, especially in those who get exposed to cold and wet. In it the great curative indication is to subdue the chronic inflammation, and to promote the removal of its effects on the structures. In endeavoring to fulfil these indications, it is necessary that the diseased parts should be kept as far as possible protected from the irritating influences of cold air, dust, and all other irritants. To do this, and also modify the over-activity of the tissues, no measure has given me such entire satisfaction as the use, by means of a Dewilbiss atomizer of an ointment consisting of

℞.—Acidi phenici gr. ii
Iodini gr. iv
Atropiæ gr. ss
Ungt. petrolei ʒ ii
M. Sig.—Use morning and night.

If, however, the mucosa is too sensitive to bear the large amount of iodine in the formula, it may be lessened to one or two grains. The irritation arising from its use can be greatly mitigated by following it with a spray of glycmol, immediately after which, the morphia powder recommended in the acute variety should be insufflated. If the nares contain inspissated mucus it is necessary, before using the ointment, to cleanse them thoroughly with an antiseptic alkaline wash. I prefer E. Baldwin Gleaslon's excellent combination. The formua is as follows:

℞.—Sodii bicarbonatis } āā
Sodii biboratis } ʒ i
Sodii salicylatis gr. iii
Thymol gr. i
Menthol gr. ss
Glycerinæ f i
Aquæ ferv. q. s. ad. f iv
M. Add to a quart of water, and use at about the temperature of 100°, by means

of Sass' spray tubes, or a No. 64 Davidson's nasal spray apparatus.

The following powder is also worthy of confidence in this variety, and is of special value where we find commencing hypertrophy:

℞.—Zinci salicylatis
Bismuthi tannatis } āā
Sodii biboratis } ʒ ss
Salol r. xx
Pulveris talc ʒ ii
M. Sig.—Use as a snuff every four hours.

Probe-pointed soluble nasal bougie made of bismuthi tannas and sodii biboras in cocoa butter are also especially efficacious in some cases, one being inserted into each nostril at bed time.

We occasionally meet with cases in which any and every local treatment seems to exert a wrong or an irritating influence; in some of these resolution may be brought about by keeping first one nostril plugged with common raw cotton for 24 hours, and then the other, alternating thus for several days, which acts by excluding currents of air and giving rest to the Schneiderian membrane.

HYPERTROPHIC CATARRH,

is the variety specialists are most often called upon to treat, and fortunately this form, though tedious, is amenable to treatment. The therapeutics that I mentioned in the last variety will also be applicable in the initial stage of this, except that in these cases the post-nasal syringe or Sass' post-nasal spray-tube must be brought into use. If the bulged membrane is of recent origin, resolution may generally be promoted by the daily use of gum-elastic bougies passed through the nares, and left in position for from five to twenty minutes, according to the amount of pain experienced, beginning with the largest size that can be introduced without decided pain or difficulty. Should this plan not succeed within a reasonable time, and especially if the redundant tissues are encroaching upon each other, some more active measures, such as caustic agents or surgical aid must be employed. Of the caustics, glacial acetic and nitric acids are preferable, they should be carefully applied on a pledget of absorbent cotton, twirled upon an aluminium probe, and directed by means of a conical speculum, to the point of greatest convexity, on the obstructed membrane, followed by an alkaline wash as a neutralizing agent. The acetic acid is preferable when only moderate redundancy of tissue is to be removed. Its application causes but little pain, and only a slight secondary inflammation follows, provided, a small plug of absorbent cotton saturated with the 4 per cent. solution of cocaine has been used before the caustic application. The nitric acid should be employed where a greater amount of tissue is to be destroyed. It forms a slough, beneath which cicatrical tissue is created. The secondary inflammation following its application is, of course, somewhat more severe than after the acetic.

Of all intra-nasal surgery the galvano-cautery, Jarvis' ecraseur and the post nasal forceps present the most radical and potent measures, and their skillful use has not only been a blessing to many a sufferer, but has also done much to give this specialty the position of respect it now deservedly occupies. The action of the cautery is rapid and complete, and of special advantage, in middle and posterior hypertrophies when they cannot be easily reached by the loop of the Jarvis' snare. The only drawback to this method, is that if active inflammation is present the cauterization would increase it, therefore when we determine on its use, much time is often lost in waiting for the necessary degree of subsidence. It is used in the following manner: First, thoroughly cleanse the obstructed nostril with an alkaline wash, I prefer Gleason's, recommended in an earlier part of this paper, after which completely anæthetize the growth and neighboring tissue, with the 4 per cent.

cocaine solution, by either of the well known methods, taking care to continue this a sufficient length of time. It is also wise to make a few applications of it to the opposite naris, as in some cases great sympathy exists. Now, aided by a self retaining speculum and a good light, bring the surface of the hypertrophy into full view. Then, having adjusted the handle of the galvano-cautery so as not to obstruct vision; carefully introduce the platinum knife, well heated, up to the septal side of obstruction and make one or two separate incisions into the growth, continuing each not only until sizzling is heard, and a white foam observed, but until the underlying bone is felt, then quickly desist. Two sittings should be regularly had each week, and in a short time, seldom later than four week, cicatricial contraction will be established and the treatment will have proved successful.

The Jarvis' snare is also a wonderfully useful little instrument, especially in very large anterior hypertrophies. The wire loop is passed over the growth, so as to ensnare it after which its base should be transfixed by a Jarvis' needle, to prevent the wire from slipping, and thereby secure the growth, then by very slowly turning the thumb screw the mass is removed without hæmorrhage. This little operation when aided by a spray of cocaine, is almost free from pain, and its after results are very satisfactory. The Jarvis' snare is also of benefit in posterior hypertrophies where, owing to the location, it is almost useless to attempt their removal by caustic measures. Operation: the locality and size of the growth being observed, the wire bent to its proper curve, is passed along the floor of the obstructed nasal cavity, taking care that the middle meatus is not entered and damage occasioned. After the obstruction is reached, the snare can, by skillful manapulation, be made to encircle the proscribed tissue, after which it is easy to remove it by slowly lessening the calibre of the loop.

In young subjects we not unfrequently find hypertrophy of the mucous membrane on the posterior aspect of the septum; if there is a necessity for its removal it can best be done by another very useful instrument, the pharyngotome which reduces the operation from being troublesome, to one of small matter.

ATROPHIC CATARRH,

is one of the most stubborn to treat of all nasal diseases, and it is advisable at the beginning to frankly explain this to the patient, that the necessity for prolonged treatment may be fully understood. The chief indications in it are to keep the parts clean, and bring about local stimulation of the atrophied tissue; that its function may be at least somewhat restored. When we say to keep the parts clean we mean it in the strictest gospel sense, as in this variety of catarrh it is a most requisite procedure, for whenever marked regeneration is brought about, cleanliness is one of the factors.

Accumulations of hardened secretions and post-nasal impaction will often confront us, and, unless watchful, they will not be dislodged. When they exist, the detergent I generally employ is the Gleason solution, which not only cleanses but replaces the fetid odor with the pleasant one of thymol. If the crusts are very adherent, I aid the other measures with the curved forceps.

In all cases of atrophic catarrh, the rhinoscopic mirror should be at hand as a guide, or we will never know the true condition of affairs. If the mirror cannot be adjusted, owing to the irritability of the vault of the pharynx, a good view may be had by placing the patient on a table with his head hanging vertically back over the end of it; this makes the procedure a comparatively easy one.

Another little suggestion: In spraying the post-nasal orifices for this or any other purpose, the palate hook should be employed to draw the velum forward so as to give the necessary space for work.

Of the local stimulants none have given such satisfaction in my hands as argenti nitras in solution. I generally try a solution of one grain to a drachm and increase or decrease the strength if I find a membranous idiosyncrasy.

I have learned by experience that powders are apt either to form crusts or to increase the volume of those already existing, therefore almost contra-indicated in this variety, but bougies of sanguinaria confined in the nasal cavities by strips of adhesive plaster at the anterior nares, have given me gratifying results in two cases.

Finally: the possible agency of the strumous diathesis, and of the syphilitic poison—the general state of health—the influence of abode, occupation, season, food, family predisposition, habits of life, &c., should all be borne in mind, and the indications for hygienic restrictions, or constitutional treatment should in every patient be carefully studied and faithfully followed; for unless we discover and meet all the important indications in these cases, we can no more cure them than a pigeon can fly with but one wing.

1308 N. Charles Street, and 1636 E. Baltimore Street,

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 21ST, 1890.

The 240th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. Herbert Harlan presented a paper on

THE USE OF PYOKTANIN IN DISEASES OF THE EYE.

While not not endorsing all the favorable reports on the drug advanced by its advocates, he thinks it is of considerable value and that it deserves further trial at the hands of the profession.

Dr. H. Toulmin next read a paper on

THE DIAGNOSTIC VALUE OF LAVERAN'S ORGANISMS IN MALARIAL DISEASES.

He cited a series of interesting cases impossible to accurately diagnose by ordinary methods, and insisted on the great ease and absolute certainty of diagnosis by means of blood examinations.

In the

DISCUSSION

following,

Dr. Atkinson said that since the establishment of the plasmodia as accompanying malarial diseases, the great value of blood examinations as a means of differential diagnosis between malarial and typhoid fevers, especially in typical cases, was generally recognized. Typhoid fever is more often mistaken for malarial than malarial for typhoid, and the mistake is of more importance, although of course remittent fever may simulate typhoid. At times clinical diagnosis is clearly impossible. He regards blood examination as the essential means of diagnosis. The idea of combined typho-malarial fevers still persists and can only be dissipated by extended and systematic examinations of the blood. He confesses to an occasional disappointment in not finding the plasmodia in cases of undoubted malarial poisoning. This disadvantage, while of much force to the beginner in diagnosis, is very small compared to the many advantages derived from blood examinations.

Dr. Jas. M. Craighill cited a case of continued fever impossible to classify by ordinary clinical methods and spoke of the so-called mountain fever seen in the far West, which, while greatly resembling typhoid as to bodily depression, etc., is not accompanied by either diarrhœa or tympanites.

Dr. Norment asked if Dr. Toulmin had seen any cases, which showing the plasmodia could not be cured by quinine.

Dr. Harlan asked as to the full dose of quinine, and also if typhoid and malarial fevers are ever present in the same subject.

Dr. Toulmin said that in the cases observed in the hospital none showed the organism after treatment for a week by quinine. The dosage used there was from 2 to 4 grains 3 or 4 times daily, and always in solution which is regarded as very important. As to typhoid and malarial fevers ever being combined Dr. Osler says that he has never seen them associated in the same individual at the same time.

Dr. Jos. T. Smith then read an interesting paper on diabetes mellitus.

In the

DISCUSSION

Dr. A. K. Bond said that one point not touched upon by the writer was the occasional apparent infection as the cause of the disease. He cited a recent report of 2,300 cases in 26 of which the disease seemed to result from close association, the subjects being free from hereditary tendency and over-indulgence in sugar. The cases were usually contracted from the husband by the wife, or from the wife by the husband. It looks as though the disease was caused by living organisms.

Dr. Harry Friedenwald spoke of various eye complications with diabetes, especially the diabetic retinitis which presented much the same picture as albuminuric retinitis, also various vitreous opacities not found with albuminuric retinitis.

The society then adjourned.

R. B. WARFIELD, M. D.,
Recording Secretary.

THE ADVANCE OF THEORY IN MODERN MEDICINE.

Whether or not the clinical skill of the present generation of medical men, even the oldest of them, is greatly in advance of that of their professional fathers and grandfathers, there can be no doubt whatever as to the advance of recent years in theoretical knowledge of physiological and pathological processes. Extracts from the third edition of the Encyclopedia Britannica, published in 1797, may be interesting reading now, from their archaism, and may serve as fixed points from which to "triangulate" our progress within the past century. The reader may remember that individuals not a few, must yet be living, who were assisted in their entrance into this cold world by the writer of the article on medicine in the volume referred to. How vastly the microscope and clinical research have improved our knowledge may be seen in the following paragraph, still tainted with the Galenian theory of "humors." "It is certain, indeed, that the blood in a state of health, has some small share of acrimony, and this acrimony from certain causes may be a little increased so as to produce various diseases of a dangerous nature. This we are assured of from the increase of motion in the heart and arteries, and the similar augmentation of the action of the secretory organs, from acrid substances taken inwardly. The same thing also appears from the unusual acrimony of the secreted fluids in such cases, by which the vessels are sometimes greatly stimulated, and sometimes even quite eroded. Very many acrid substances, however, are daily taken into the stomach, so that these must either be corrected in the *primæ viæ*, or changed by digestion before they pass into the blood; or at least by dilution with much water, or being blunted by an admixture with gluten, oil, or inflammable air, they must deposit much of their acrimony, and at last be thrown out of the body as noxious substances."

Probably the physician does not live who is not many times discouraged at the apparent failure of his contest with disease. In his hours of "blueness" let him ponder the almost impassable chasms between the theories then obtaining in physiology and the ætiology of disease, and a triumph

such as Koch seems really to have scored at last, which, by the way, he is reported to attribute more to the microscope-makers than to himself.

In treatment, too, the physicians of a century ago lacked not in boldness and decisiveness of action. A case of hydrophobia was treated as follows:—"With this view a large tub of cold water, well saturated with common salt, was prepared, into which the poor boy was plunged over head and ears, and there held until he ceased to struggle. He was then taken out again, and the same operation repeated until he became so quiet that the doctor was under apprehensions that a total extinction of life would take place. He was then wrapped up in a blanket and put to bed, and he remained more quiet than he had formerly been; but all his former restlessness returned, his pulse sunk, and he died about two o'clock in the morning." Now read Pasteur, any pessimistic physician of to-day. The article on Nymphomania is truly quaint. After a list of remedies somewhat alarming in their heroism—blood letting, cooling purges, camphor in 20 grain doses or more, opiates as morphia, intra-*uterine* injections of barley water, "with a small quantity of hemlock juice;" the author naively adds: "This is called *specific*," but matrimony if possible should be preferred. The cure for *Tænia Solium* would certainly induce the obnoxious cestode to change his quarters with expedition. After very stringent fasting, and drinking of sundry broths and infusions, the patient is to take two or three drachms of powdered root of male fern, and if vomiting occurs, another; then, two hours after, a bolus of "panacea of mercury 14 times sublimed, and select resin of scammony, each ten grains; of fresh and good gamboge six or seven grains in a conserve. To be taken twice, and washed down with one or two dishes of weak green tea, after which the patient must walk about his chamber.

The article entitled Menses could have justice done to it only by a paper on the bibliography of the whole subject from De Graaf and Boerhave down to Galabin, Playfair, and the late lamented Duncan.

Hypotheses of all kinds are suggested, some refused, others left *sub judice;* the influence of the moon, the supposed offending quality of the blood, the flux being regarded as an excretion, the need of extra blood supply in women for the exigencies of gestation, so that menstruation was the result of plethora, "women having this plethora, and not men because their bodies are more humid, and their vessels, especially the extremity of them, more tender, and their manner of living more inactive than of men; and that these things concurring are the occasion that women do not perspire sufficiently to carry off the superflous alimentary parts till they be accumulated in such quantity as to distend the vessel and force their way through the capillary arteries of the uterus. It is supposed to happen to women more than to the females of other species, because of the erect posture of the former, and the vagina and other canals being perpendicular to the horizon, so that the pressure of the blood is directed towards their orifices; whereas in brutes they are parallel to the horizon and the pressure is wholly on the side of those vessels."

The chief opponents of the theory of plethora, maintained the theory of a special ferment, the famous De Graaf being one of the latter school. Some of them went so far as to say that the bile was the ferment in question, and explained the absence of the phenomena of menstruation in men on the ground that "the pores of the latter are more open and carry off more of the serous part of the blood, which is the vehicle of all other humors." Their non-appearance in brutes is because of "the pores of these being manifestly more open than those of women, as appears from the quantity of hair which they bear, for the vegetation whereof of a larger cavity, and a wider aperture of the glands is necessary than where no such thing is produced.

The histology of the above would surely pluck any freshman guilty of it now-a-days.—*Canada Lancet.*

THE ETHICS OF MEDICAL DISCOVERIES.

Even before the exact reach of Koch's discovery is or can be defined, it is well to remind curselves of the temptation which the present condition of affairs brings with it. Nobody is yet in possession of the secret but Koch himself, and perhaps one or two persons in his immediate confidence. The temptation we speak of seems tobe well controlled by Koch himself. But if accounts be true, some of his assistants seem not to be so successful. Then there comes the crowd of men who have been to Berlin, who are tempted to write letters to lay newspapers, or otherwise to ventilate their travels and their observations, to describe to an expectant world the syringe used, and the colour of the precious fluid, finishing off with an intimation that they have been favoured with a little of the liquid for experiment in a certain place where the powers of the remedy may be most signally displayed, and crowning all with the mention of a lady who came to Berlin six weeks ago "in the most advanced stage of consumption," and. who is now "comparatively cured." This is the drift of a letter and flattering leaderettes thereon in a local paper. We are not going to be too hard on the author, or on others who yield to the seductions of the interviewer, who has really become one of the bores of life. But we utter a word of friendly warning to all concerned. It is bad enough that Koch's own hand should have been forced before he was quite ready to define the applicability and uses of his remedy, and perhaps to raise hopes only to have them dashed to the ground, but let the profession not aggravate this evil by newspaper discussions and statements. Its traditional rule in such matters is to proceed noiselessly, without personal intimations, to test new remedies, and to keep the discussion within the bounds of the profession and its own societies and journals. There is one other point in connexion with this subject to which it is impossible to forbear alluding. We refer to the extent to which the purely medical details of a great discovery have been reported and discussed at length in the lay press. It Is impossible to conceive the amount of injury that may have been inflicted on sensitive minds by these publications—the hopes that have been raised only to be defeated, whilst the portals of pathological science have been thrown widely open to the ignorant, the credulons, and the weak.—*Lancet.*

THE URINE IN CHILDREN'S DISEASES.

M. P. Binet, writing in the *Revue Médicale* on the Urology of Children, states that albuminuria is the rule in febrile infectious diseases, only slight traces existing in the majority of cases. It is generally most severe in diphtheria, independently of the necessary correlation with the fever and the gravity of the disease. The detection of peptonuria is subject to error. Peptonuria is not very common in children, at any rate in appreciable quantity. It usually coexists with albuminuria, and it is most frequently observed in diphtheria, especially in the graver forms, and in nephritis. Diacetuaria is common in infectious diseases, and especially in scarlatina. It is exceptional in simple uncomplicated diphtheria.—*Lancet.*

Wall and Ochs. of Philadelphia, announce they will only sell spectacles or eye-glasses to those who present a physician's prescription. Thus they have immortalized themselves as the first establishment to adapt itself to the requirements of modern ophthalmology. The change is approaching when prescription will be the rule, as it is with standard drug stores.

Health Commissioner Dr. George H. Rohé has returned from the meeting of the American Public Health Association. He reports much interest in the new treatment of consumption.

MARYLAND MEDICAL JOURNAL

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WILLIAM B CANFIELD, A.M., M.D., Editor

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BALTIMORE, DECEMBER 27, 1890.

Editorial.

VALEDICTORY.

With this issue the present editor severs his connection with the MARYLAND MEDICAL JOURNAL. When he entered on his duties as editor, more than two years ago, he did it quietly and with no flare of trumpets, knowing that he succeeded one whom ripe experience had made accomplished in medical journalism. In undertaking this work, it has been his endeavor throughout to make the JOURNAL a mirror of medical thought and progress, and acceptable to its readers, and whatever success he may have attained in this direction is due entirely to those who have so kindly contributed to its pages, and to these the editor would express his gratitude and appreciation.

COLOR-BLINDNESS.

If color-blindness has existed in certain individuals ever since the creation of man, it seems very strange that its discovery is of such comparatively recent date and that the practical application of this discovery—that is, practical as far as the physician is concerned—is just beginning to be be appreciated.

The cases first discovered were looked at with interest and curiosity, but no one thought of getting any practical benefit from them. It was not until railroad and steamer casualties began to occur with frequency and the investigations as to the causes of such casualties yielded no results, that observant scientists began to think of color-blindness as the fault.

Thus cases of color-blindness were truly said to have been discovered by accident, for terrible were, and still are, the accidents due to this physical defect.

It was not until Holmgren, of Sweden, studied this defect systematically from a large number of cases, with reference to railroads and steamers, that the world began to recognize that too many men holding the trustworthy position of engineer, pilot, etc., were totally unfit for these places. In America, a country quick to apply everything of a practical nature, railroads, from competition and policy, were induced to compel a thorough examination of all employees with the result of finding color-blindness in

3 to 5 per cent. among all men employed.

Thus it was that physicians recognized that men using colored signals relied on at least two contrasting colors, red and green, and that by actual test 3 to 5 per cent. of such men could not distinguish red from green. That where such a defect was often congenital, it was frequently not discovered until years of service had passed or an accident had brought it to light. A condition of physiological color blindness also existed by which a man under a heavy strain may temporarily become color-blind from overwork on a railroad at the very time he needs most his powers to discriminate colors.

The result of these investigations has been the rejection of a large number of men from service. After this plan had been thoroughly tried for a number of years without any better results than the turning out of trusted men who upon subsequent examinations have been reported all right, the question has arisen: Why should the present system of signaling be endured any longer?

The least common colors were suggested, but that was not practicable.

The great idea in signaling is to substitute for the time schedule, which is a simple signaling device subordinating color to motion, if color must be used. In the event of this prevailing defect, color blindness having been overlooked by the physician, and it frequently is, it can do no possible harm. The most conspicuous signal should be "danger," so that at once it will be always recognized, and the passing of each train will test the signal every time.

Correspondence.

THE RELATION OF THE PHYSICIAN TO THE BENEFICIAL SOCIETY.

BALTIMORE, Dec. 22, 1890

Editor Maryland Medical Journal:

DEAR SIR:—The practical address delivered at the meeting of the State Faculty by its President, November last, has encouraged me to call attention to a matter which I conceive to be one of the evils which members of our profession should try to suppress.

With but few exceptions I believe, in this city at least, it has been the practice of physicians to comply with the requirements of certain beneficial orders as to the filling up of their blank forms in cases of sickness and death. On several occasions I have myself declined to do so, and have seriously offended, I suspect, those of my patients who were debarred from benefits by my act. I seemingly failed to make them understand that my motive was not to disoblige them, but to show my disapproval of the methods of such orders to obtain my service for protection against possible fraud on the part of their member—i. e., that if they supposed their members to be intent on fraud, I could feel under no obligation to ferret it out for them, and that placing me in an unfavorable light before my patients, should I resist their attempt to use one for the purpose was unprincipled.

Thus I essayed to justify myself on an occasion sometime since. The Secretary of the order before which the claim was pending, feeling, perhaps, the majesty of his office too grossly outraged, and that my recalcitrancy merited a rebuke sent me a type-written letter in which I was cooly informed I was "unprofessional"; that my behavior was at variance with that of the "best physicians who willing

ly signed them"; that "they have rules, and they must be respected"; that some physicians would not hesitate to act in collusion with applicants for benefits," and that "if I refused the applicant would not get his money." It goes without saying that the "best physicians" are not always the best men. The making of rules for their own government is an exercise of liberty I have no inclination to deny them, but I do seriously object to their making any for mine. That some physicians would not hesitate to act in collusion with applicants may be true, but logically considered, the proposition may be true of all, and to assign it as a reason, is to insult all physicians. To refuse payment of benefits to an applicant because his physician from honorable motives declined to comply with certain requirements, is despicable and equally so would be the refusal to satisfy the rightful claim of a poor wretch who from poverty or for other reason refrained, during illness, from employing a doctor.

Through over-much indulgence these people have waxed fat, and that which they have been allowed by courtesy, they now claim of right and gratis. Even though they offered compensation for the service they demand, it would, I believe, be incompatible with professional dignity to accede to it; especially when called upon to furnish information respecting the domestic habits and morality of those whose confidence we are bound by most sacred obligations to regard. Nor would it be fair to exact pay of one's patient; for, should he consent to the publication of his domestic affairs, the physician would be poorly remunerated were the minimum fee less than $5, particularly where the service is supplemented by the trouble and loss of time occasioned by going before a magistrate to make oath. But the benefit claimed in some instances does not amount to more than $5, and were it enacted, it would be difficult to demonstrate to the patient how the benefit materialized.

I think it behooves us, as members of an honorable profession, to no longer voluntarily submit to be exposed to the humiliations it is possible for a class of people, to whom we owe nothing, to heap upon us. A class that arrogates inquisitorial powers and audaciously calls upon us to divulge the inmost secrets of those whose confidence we should hold inviolate. What protection, asks Dr. Ashby in his address, has a physician in giving testimony before the courts in a matter of privileged communications? None, we all know; we are forced to submit. And if redress is so desirable for this grievance it is a portion for that of which I speak.

These beneficial orders, some of them at least, have evidently framed their laws presuming we have not manliness to refuse obedience to them for fear of offending our patients. They should be shown that they have reckoned without their host and made to realize they must adopt other means to protect themselves, than by whipping us into doing it.

Through the kind indulgence of the MARYLAND MEDICAL JOURNAL, I respectfully appeal to those of its readers who are members of societies to agitate the matter at their meetings, with the view of officially notifying beneficial orders in general that in the future no blank forms will be filled out for them by physicians of this city. I venture to assert that where a member is entitled so such benefits and is unable to obtain them because of not having a physician's certificate he could force payment by a suit at law. It does not to my mind seem consonant with equity that a body of persons should be allowed to enforce laws, governing the payment of benefits to its individual members, where those laws have been made conditional upon the acts of one who to neither the body collectively nor the individval is in any degree amenable.

F. A. WARNER, M. D.

1123 Valley Street.

Reviews, Books and Pamphlets.

A Handbook of the Diseases of the Eye and Their Treatment. By Henry R. Swanzy, A. M., M. B., F. R. C. S. I. Third edition. Pp. 494. P. Blakiston, Sons & Co.

The second edition of this work was issued in May, 1888, and exhausted in November, 1889. This fact is enough to show the book's popularity. It is not hard to see wherein this popularity lies. The book is written in an exceptionally clear style, definitions of terms and explanations of the principles underlying the practice of ophthalmology are distinct and short, and, for the most part, the author makes no effort to discuss disputed points. This is notably the case in the chapter on muscular asthenopia. *Convergence* insufficiency is the only error mentioned, and Graefe's dot and line, the only test given outside of the rough ones based upon the surgeon's watching the motion of the patient's eyes. For further information the reader is referred to Landolt. These qualities of clearness and brevity and the omission of most subjects still in dispute, make the book specially desirable for the medical student. The author gives a chapter upon the action of the pupil in health and disease, which is particularly interesting. The same may be said for his discussion of cataract, diseases of the optic nerve and the movements of the eye muscles. There are a few points which may be specially noted. We do not think most oculists of experience will agree with the following remark upon the signs and symptoms of astigmatism: "All these signs and symptoms appertain more to the *rather high* degrees of astigmatism. Slighter degrees may cause no annoyance beyond some indistinctness of vision. Slight degrees of H. As. often pass unnoticed until late in life." (p. 43) The latter part of this quotation is undoubtedly true; the former, in our opinion, is undoubtedly erroneous. Low degrees of astigmatism, especially if the faulty meridian be at an odd angle, or require for its correction a *convex* cylinder in or near the *horizontal*, or a *concave* in or near the *vertical* meridian, are the most annoying forms of the trouble met with. The H. As. which gives no trouble is usually that corrected by a convex cylinder, axis vertical. The author advises against relying upon subjective methods of correcting refraction. He thinks highly of retinoscopy.

On page 100 he describes Credé's prophylactic measures against ophthalmia neonatorum in these words: "*a few drops* of a 2 per cent. solution of nitrate of silver are instilled into the eye." Noyes in his recent work, as well, we believe, as most authors, lays stress upon "one *single* drop" being used. Credé, too, we think, advised "one single drop from a glass rod." More is apt to produce an unnecessary and dangerous amount of cauterization.

Dr. Swanzy looks upon the actual cautery as the best remedy for corneal ulcers or for suppurating processes going on in the cornea. (p. 187 et seq.) He says: "it is well to perforate the cornea with the cautery, and to evacuate the aqueous humor and hypopion." He disapproves of the use of eserine in corneal troubles with the single exception of the case of a marginal ulcer threatening to perforate. He says the grounds upon which eserine is used for corneal ulcers, are (1) its reputed power of reducing intra-ocular tension, and (2) its antiseptic properties. He considers the first "not great," the second "very insignificant," while it has, he thinks, "a decided tendency to promote iritis in these cases." He prefers atropine "to prevent iritis."

On pages 210 and 211 the author discusses Mules' operation of introducing a hollow glass ball into the scleral cavity after evisceration. He says he "practises this method a great deal, and can heartily recommend it." He thinks a better stump is left by this operation for an artificial eye than by either enucleation or simple evisceration, that the reaction in

healing is no more severe than in simple evisceration. Strict antisepsis must be observed if success is to be attained.

In speaking of sympathetic ophthalmia (page 255, et seq.), he accepts without qualification the theory of Deutschmann, Leber and Gifford, that the disease is produced by micro-organisms, which reach the sympathizing eye, "through the optic nerves and chiasma from the exciting eye." He gives a set of rules for the treatment of sympathetic ophthalmia which seem good and safe enough, provided the surgeon can watch the patient.

The author discusses somewhat at length the operation of cataract extraction, and concludes in favor of iridectomy. He thinks the only advantage of the simple extraction is the cosmetic one of presenting a round pupil; that this is outweighed by the dangers of iritic hernia, against which the advocates of simple extraction can offer no *certain* remedy: that this incarceration of the iris causes a contraction in the corneal wound, which will produce more or less deformity in the cornea, and reduce vision, if it does not entirely destroy the eye by iridocyclitis. He concludes: "The question is not whether the appearance of some of the eyes operated on is pleasing to us and to others who inspect them, but rather what advantage the greatest number of persons operated on derive from the operation. With sentimental talk about "mutilation" of the iris, I cannot pretend to sympathize. If the advocates of the method under discussion should find a means of ensuring the eye against prolapse of the iris, the operation would be placed upon a different footing; but, until then, the procedure cannot, I think, be recommended."

The book is well printed on good paper, and the cuts are instructive. There are no colored plates, but this, we think, does not detract from the merits of the work. It has always seemed to us that the advantages of these colored plates are not great enough to justify the extra expense they necessitate.

H. W., Jr.

Manual of Clinical Diagnosis. By Dr. Otto Seifert and Dr. Friedrich Mueller. Translated from the 5th German edition, enlarged and revised, with the permission of the authors, by William B. Canfield, A. M., M. D., etc. Second English edition revised and enlarged with 50 illustrations and one colored plate. New York and London: G. P. Putnam's Sons, 1890. Pp. 185. Price $1.50.

The fact that a second edition of this valuable little manual has followed so soon the first edition is a sufficient guarantee of its worth. The reviewer called attention in the notice of the first edition to the value of the book to the general practitioner. The authors do not devote all their strength, as is often the case, to one particular system, but the scope of the book is very wide. Particularly valuable are the many tables that are found throughout the volume. The book has been revised and enlarged, the section on bacteriology particularly, bringing this important subject up to date. The chromo-lithograph plate found in the second edition adds to its value. The translator's work, as noticed in the earlier edition, has been most carefully done.

G. J. P.

The Abuse of a Great Charity. By George M. Gould, M. D. Reprint.

Imperforate Auditory Canals. By Seth S. Bishop, M. D. Reprint.

Brief Remarks on a Number of Surgical Operations Performed in his Private Hospital. By Joseph Taber Johnson, M. D., of Washington, D. C. Reprint.

The Need of Extensive Organization and Pursuit of a Fixed Policy as a Means of Promoting our Professional Interests. By Geo. E Frothingham, M. D., of Detroit, Mich. Reprint.

Transactions of the American Dermatological Association at its 14th Annual Meet-

ing held at Richfield Springs, September, 1890.

Miscellany.

TREATMENT OF INFLAMMATION OF THE VERMIFORM APPENDIX.

According to the Paris correspondent o the *Medical Press and Circular* for October 29, 1890, M. Berger introduced before the Société de Chirurgie the subject of ileocæcal inflammation, the diagnosis of which he said, was often uncertain. He had observed several cases during the course of the year of perityphlitis. These were operated on and died. The only one which was not surgically treated got well. In one case the patient was brought to the hospital evidently suffering from peritonitis due to perforation. The abdomen was greatly distended, the fæces abdominal, the extremities cold, and the pulse imperceptible. In spite of the critical and hopeless condition of the man, M. Berger determined to perform laparotomy. When the abdomen was opened, a quantity of liquid of an opaque color flowed out, and on passing the hand towards the right iliac fossa the vermiform appendix was found to be swollen and evidently inflamed. When drawn forward a perforation was discovered at its point. The man succumbed a few minutes after the operation. Another case was that of a boy of 16, who, in going to his work one morning was seized with violent pain in the right iliac fossa. Brought home, a doctor diagnosticated peritonitis from intestinal occlusion. His condition not improving from treatment, M. Berger was sent for, who found the lad in a very grave condition. Besides the symptoms met with in the first case there was vomiting of something like fæcal matter. An operation was decided upon without delay, as strangury was suspected. The incision was that for ligature of the external iliac artery, and a large collection of pus was discovered in front of the cæcum. When the appendix was brought to view a stercoral calculus was found to occupy its middle third. Above this obstacle was a perforation of the size of a lentil. The patient succumbed on the following day. In conclusion, M. Berger said that it was clinically impossible to diagnosticate between perityphlitis and inflammation of the appendix, but M. Roux, of Lausanne, in an important work on inflammation of the appendix, believes it possible to diagnosticate perforation of that part from simple inflammation. In the former, he says, the pain comes suddenly, like a pistol-shot in the right iliac fossa, the peritonitis follows immediately the first symptom, and a tumor of about the shape of the vermiform appendix. As to the conduct to be observed in such cases, M. Berger said that no hesitation should be made where perforation was suspected. M. Richelot said that rapid intervention was necessary, and that in the case of a woman the diagnosis was especially difficult.—*Therapeutic Gazette.*

COCOANUT FOR TAPE WORM.

G. H., aged 35, who has always enjoyed good health, noticed sometime last fall that segments of worm was found in the discharges of the bowels, which we diagnosed as tape worm.

He was ordered to fast twenty-four hours and to take before breakfast the fo lowing day some pumpkin seed tea followed by a laxative with the good results of about eighteen feet of the worm; when all seemed well for about six weeks, when segments again appeared in stools and also discharged in his study or sleep He was accordingly given the usual instructions with felix mas, with the happy results of about fifteen feet of tænia solium, which gave the usual results of seeming health for a period of from four to six weeks. He being able to sleep well and only complained at the time of the reappearance of the segments, of a slight inability of concentration of thought. He never seemed to have any other symptom of the parasite.

He now used chloroform and at an-

other time terebinthini with no good results, when he by chance read of someone who had eaten a cocoanut and was surprised to see that he had discharged a tape worm. Accordingly he determined to try it and was happily rewarded for his efforts and brought to me twelve or fifteen feet of worm. I am satisfied he has in each case been unable to expel the worm as a whole from the intestine and now we have found a new remedy and if so in what way does it act as an anthelmintic? It is certainly more pleasant to prescribe than many of these remedies, and does good with no bad results to the patient and brings the worm without the usual following of a cathartic.

This patient drank the milk and ate the meat until he was satisfied that more would have made him sick.—W. R. Allison, M. D., in *Peoria Medical Monthly.*

Medical Items.

All the prominent hospitals here are supplied with Koch's lymph for the present, and it is likely that more can be obtained when wanted.

The *Bacteriological World* is the name of a new monthly edited by Paul Paquin, M. D., V. M. of the Missouri State University, at Columbia.

The Montgomery County Medical Society held its 25th meeting Nov. 18th, 1890.

The following gentlemen were elected officers for the ensuing year. Dr. C. J. Maddox, President; Dr. E. E. Stonestreet, 1st Vice-President; Dr. C. E. Iddings, 2nd Vice-President; Dr. Charles Farquhar, Secretary; Dr. Edward Anderson, Treasurer; Dr. W. Frank Elgin, Censor.

Dr. C. J. Maddox, delivered the annual address. Among the various subjects discussed, none was more interesting than the facts stated which proved the criminality of burying our dead within the corporate limits of our towns and villages.

Dr. Wm. L. Robins, has resigned the position of resident physician at the hospital of the Good Samaritan, his resignation to go into effect on Feb. 1st, 1891. Applications for this desirable appointment may be made to Dr. Randolph Winslow, dean of the Woman's Medical College, at any time before January 1st, 1891.

The subject chosen by the Turin Academy of Medicine for the Ribieri prize is Researches on the Nature and Prophylaxis of the Infectious Diseases of Man. The value of the prize is 18,000 lire, over $3,500. It is open to international competition, but the competing essays are limited to the three languages, Latin, French and Italian.

The Cooper Medical College, of San Francisco, which has recently completed its new building, has a somewhat unique history, for it has been built up and endowed by the savings and generosity of a physician, Dr. L. C. Lane. The college has one of the finest buildings for its purpose in the country, and has property amounting to a quarter of a million. This has come to it not through the patronage of multiple millionaires, but through the labors and savings of a physician.

Dr. Arthur D. Mansfield has returned home from Europe after an absence of nearly a year. The doctor has been pursuing his studies principally in the hospitals of London, Berlin and Vienna, attending clinics and studying medicine in all its branches. Especially has he been pursuing the study of the eye with a view of taking up that specialty. He was under instructions with such men as Sir Wm. McCormack and Pepper of London, Billroth, Fuchs and Braun of Vienna, Robert Koch, Virchow, Hirschberg and Bergmann of Berlin.

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CONTENTS

ORIGINAL ARTICLES.

Two Recent Researches in Professor Koch's Laboratory. 199

Eczema and Treatment. By Howard C. Silver, M. D., of Baltimore. 203

Abstract of a Lecture by Sir Joseph Lister on the Koch Treatment of Tuberculosis. . . 204

EDITORIAL.

Salutatory. 206

CORRESPONDENCE.

Rules Governing the Admission of Colleges to Membership in the American Medical College Association. 209

REVIEWS, BOOKS AND PAMPHLETS. . . . 210

MEDICAL PROGRESS.

Antisepsis and Asepsis before and after Major Gynæcological Operations.—The Organization of an Operation.—Recovery from Drowning.—A Contribution to the Ætiology of Jacksonian Epilepsy.—Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the Two Weeks ending December 20th, 1890.—A Hospital Censured by a Coroner's Jury.—Jenner and Koch. The Treatment of Burns.—Croupous Pneumonia.—Relapsing Appendicitis; Operation between Attacks.—The Committee on Hypnotism.—Official List of Changes in the Stations and Duties of Officers serving in the Medical Department U. S. Army, December 16 to 22, 1890.—Creolin; Antiseptic or Toxic?—Rickets. —"The Deadly Cigarette."—Medicine in Japan. —The Time of Day for Operations.—An Investigation into the Etiology and Treatment of Phthisis.—Scleroderma and its Treatment.—Resorcin in Diphtheria.—Ichthyol Treatment. —How to Avoid the Induction of Premature Labor.—Syphilitic Alopecia.—Floating Ambulance Service on Rivers. 210

MEDICAL ITEMS. 220

Original Articles.

TWO RECENT RESEARCHES IN PROFESSOR KOCH'S LABORATORY.

THE PRODUCTION OF IMMUNITY TO TETANUS AND TO DIPHTHERIA.

The two researches on immunity, of which our Berlin Correspondent telegraphed a brief summary last week, not only have a special interest at the present time, when the attention of the whole world is riveted on the remarkable discovery of Koch for the cure of tuberculosis, but possess also great intrinsic merit. The paper on the Production of Immunity against Diphtheria and Tetanus in Animals, by Drs. Behring and Kitasato, is, perhaps, the more important of the two. These two observers have been engaged for some time in a study of the nature of diphtheria and tetanus, and they have at length succeeded in not only conferring immunity on animals against attacks of either disease, but also in arresting the disease after it has already set in.

The manner in which this is brought about is reserved for a later communication. In the present paper they deal with the subject only so far as to prove the correctness of the following proposition:—"That the immunity which can be conferred on rabbits and mice against tetanus depends on the power possessed by the serum of the blood to render innocuous the poisonous products formed by the tetanus bacilli."

This explanation of the nature of immunity has not been distinctly given in any of the publications which have hitherto dealt with the subject. The views hitherto held regarding the nature of acquired immunity have been three—in the doctrine of phagocytosis, which seeks for an explanation in the activity of living cells; the bacteria-killing power of the blood; and lastly, acquired toleration. When any two of these have failed to ex-

plain the phenomena of immunity, or have been proved by experiment to be false, this has been regarded as a proof by the process of exclusion that the remaining one was right. Thus Bouchard, in his recent address before the International Medical Congress, declared: "Let us speak no more of an education of leucocytes, and a toleration of cells to the action of bacterial poisons; it is the bacteria-killing power of the body which constitutes what we term vaccination, or acquired immunity."

One of the present observers (Behring), in the course of his investigations on rats and guinea-pigs rendered immune against diphtheria, failed to find either of the above explanations satisfactory. The explanation was at last, after many failures, found in the bacteria-killing power possessed by the blood of animals immune to the diphtheria bacilli. This explanation was then found to apply also to tetanus. The results of their observations they sum up as follows:

1. The blood of rabbits rendered immune against tetanus possesses bacteria-killing properties towards the tetanus bacillus.

2. These properties belong also to extravascular blood, and to the serum obtainable from such blood.

3. These properties are of such a durable nature that they remain active even in the bodies of other animals, so that it is possible to obtain good therapeutic results by the operation of serum or blood transfusion.

4. These properties are entirely absent from the blood of such auimals as are not immune against tetanus; and when the poison of tetanus is introduced into these animals it is found after death in the blood fluids of the body.

The following are some of the observations on which the above conclusions are based:—Their method of conferring immunity against tetanus they reserve for a coming paper. A rabbit wrs rendered completely immune against tetanus, the degree of immunity being such that 10 cubic centimètre of a viruleut tetanus culture was entirely without effect, while ½ cubic centimètre was sufficed to kill an ordinary rabbit. It was found that the animal had acquired immunity, not only against the living tetanus bacilli, but also against the poison. It could withstand, without ill effect, twenty times the dose required to kill a healthy rabbit. Blood was withdrawn from the carotid of this animal. Of this fluid blood, 0.2 cubic centimètre and 0.5 cubic centimètre were injected into the peritoneal cavity of two mice. Twenty-four hours later both were inoculated with virulent culture of tetanus, two healthy mice being at the same time inoculated with the same culture. While the later died in twenty-four and thirty-six hours respectively, the two former remained perfectly healthy.

The greater quantity of the blood was allowed to stand till the serum had separated. Of this serum, 0.2 cubic centimètre was injected into the peritoneal cavity of six mice. Inoculation of these twenty-four hours later with viruleut tetanus proved without efiect, the mice remaining quite healthy, while the mice used as control experiment all died in forty-eight hours. It is also possible to obtain good therapeutic results with such serum, by first inoculating the animals and then injecting serum into their peritoneal cavities.

Further experiments were also made showing the intensely destructive action of this blood serum against the tetanus poison. A tetanus culture 10 days old was taken and filtered, so as to be free from all spores. Its virulence was such that 0.0005 cubic centimètre sufficed to kill a mouse in four to six days, while 0.0001 cubic centimètre killed it with certainty in less than two days. 0.5 cubic centimètre of the serum of the immune rabbits was mixed with 0.1 cubic centimètre of tnis culture, and allowed to act for twenty-four hours on the tetanus poison contained in it. It was then found that mice could withstand 0.2 cubic centimètre to 0.033 cubic centimètre, or 300

times the dose necessary to kill healthy mice. The mice remained quite healthy, while the control mice died in six hours, after a dose of only 0.0001 cubic centimètre.

All the mice rendered immune in this way have remained so; they have been repeatedly inoculated with virulent tetanus cultures without the slightest ill effect. This fact is the more remarkable since in the many experiments that have had to be made, not a single mouse or rabbit has ever been found naturally immune against tetanus, and furthermore all the attempts made in the laboratory for a long time back by other methods to render these same animals immune have completely failed. Thus the conclusion may be drawn that the explanation of the nature of immunity given above is one capable of wide application. In all cases control experiments were made with the blood and serum of rabbits not immune. Both blood and serum proved to be entirely inactive. The same was found to apyly to the serum of oxen, calves, horses, and sheep.

It was also found that the blood of such animals while in the vessels was destitute of such tetanus-destroying properties. Thus rabbits injected subcutaneously with 0.5 cubic centimètre of a virulent tetanus culture, free from spores, died in five or six days with all the symp- of tetanus well pronounced. In such cases on *post-mortem* exmination a serous effusion was found in every case without exception in the pleural cavities. On the average 0,3 cubic centimètre of this fluid sufficed to give a mouse tetanus and to kill it, and the blood of such animals was capable of giving rise in turn to tetanus when injected into other animals.

The application of these most striking results to the cure or prevention of these two diseases in man is reserved for future consideration. The authors, however, aptly conclude their communication by drawing attention to the support given by their results to the view at all times widely held, and fitly described by Goethe in the words of Mephistopheles to Faust: "Das Blut ist ein ganz besonderer Saft" (Blood is a juice of most peculiar virtue)

These words derive a new and altogether special significance from the result of recent bacteriological observations.

The second paper is a continuation of of one which appeared early in the present year by Brieger and Fraenkel, entitled "Researches on Bacterial Poisons." The main points of this paper were noted in the *British Medical Journal* at the time of its publication. The present contribution to the same subject is from Fraenkel alone, and deals with the methods of producing immunity against diphtheria. It will be remembered that in the paper referred to these two observers endeavored to show that the pathogenic action of a number of organisms was to be attributed to certain products of their activity of an albuminous nature; to these bodies they gave the name of "toxalbumins." The disease most thoroughly studied in this connection at that time was diphtheria. They consisted of the most characteristic features of these toxalbumins to be, first, their albuminous nature, and, secondly, their peculiar action on the organism. The latter; in many respects, resembled that of ferments, but they were unable to regard them as ferments, for this reason, that while, according to them, the action of ferments is more or less independent of the quantity present in the case of toxalbumins the dose was the most important factor. The larger it was the more rapid and complete was their action, and they lost their power altogether when the dose fell below a certain limit. In this respect, therefore, they resembled in their action ordinary vegetable and mineral poisons.

Fraenkel's later observations, here communicated, deal with the artificial production of immunity against diphtheria.

There are two ways in which the body may be protected against the attacks of pathogenic micro-organisms. The first of these we owe to Pasteur. In it use is

made of cultures, the virulence of which has been lessened in various artificial ways—by heating, etc. In the other method use is made of the various products of bacterial activity—completely free from the organisms themselves. Of the comparatively numerous researches that have already been carried out by various observers in this latter domain; those of Smith, Chamberland and Roux, Beumer and Peiper, Gamaleia, Bouchard, Charrin, are here referred to; that of Hankin, who succeeded in isolating the very substance which confers immunity against anthrax, is, however, not mentioned—an omission all the more to be noted as his work is the most conclusive of all, and was carried on in the same laboratory as that in which Fraenkel worked.

Both the above methods have been used by Fraenkel in his present research. Little difficulty was experienced in weakening the bacilli of diphtheria either by heating their cultures to a certain high temperature, or by adding some antiseptic agent, such as potassium bichromate or gentian violet. The results obtained in this way were unsatisfactory and uncertain, the weakensd cultures varying much in their activity, and very readily under certain circumstances regaining their virulence. He found it impossible to confer immunity, even in a small degree, by this means.

In his experiments with the products of their activity, he used at first toxalbumins which had been kept in a dry condition for many months without losing in any way their poisonous properties. These failed entirely to confer immunity against the disease. It appeared, indeed, as if the animal inoculated with this substance in small doses died more quickly after subsequent inoculation than healthy animals.

Better results were obtained when, instead of the toxalbumins. he employed the fluids obtained by filtering the cultures through a porcelain filter, or heating them for an hour to a temperature of 55° C., thus freeing them from all living elements. Some of the animals injected with these cultures gained a certain tolerance of the diphtheritic poison, dying, for example, three, four, six and nine days after an injection of 0.1 cubic centimètre, instead of in thirty to thirty-six hours, as in the case of untreated animals. They all died, however, none of them acquiring a complete immunity. This result, such as it was, satisfied him that he was on the right track.

A further advance was made when, instead of small quantities, he used larger quantities of these culture fluids. The filtered culture, or the culture itself, was heated for an hour at a temperature of 100° C., and 10 cubic centimètres injected subcutaneously into guinea pigs. A few of the animals so treated survived subsequent inoculation with virulent diphtheria; the great majority of them, however, died, although at later periods than usual, namely, after two weeks and a half.

He finally found that a temperature of 65° to 70° C. maintained for an hour yielded the best results. Injections of 10 to 20 cubic centiméters of a culture of diphtheria bacilli so treated rendered guinea-pigs immune against subsequent injections of even the most virulent poison. Even this conclusion required modification. for it only applied when the subsequent inoculations were made not earlier than fourteen days after immunity had been conferred. If made sooner, the result was uncertain, some animals dying, others not. In the first few days after the injection the resistance of the animal seemed, indeed, to be lessened, the animals dying more rapidly and certainly than before, when inoculated with virulent cnltures.

Furthermore, the immunity in this way conferred only applied against subsequent subcutaneous inoculation, and not to subsequent inoculation of mucous membranes—such as the vaginal—with diphtheria. To this extent therefore it is imperfect, and considering the ordinary method of propagation of diphtheria in man through the mucous membrane, this

obviously leaves a wide blank still to be filled up before we can apply these results obtained on animals to man.

The remaining portion of the paper is taken up with a consideration of the nature of the body which confers this immunity. Fraenkel concludes that it is quite distinct from the one that produces the poisonous symptoms, that while the latter is destroyed at a temperature of 55° to 60° C., the former is not destroyed till a temperature of 100° C. is reached, although it is weakened at any temperature above 90° C.

The best temperature, therefore, at which to heat the cultures so as to destroy their toxic properties without destroying those on which their power of conferring immunity depended is 66° to 70° C. This substance which confers immunity has no therapeutic properties. So far, indeed, from this being the case, its injection into animals previously suffering from diphtheria rather hastens their death.

ECZEMA AND TREATMENT.*

BY HOWARD C. SILVER, M. D.,
OF BALTIMORE.

It is hardly necessary for me to define Eczema, for no doubt all present have read a better definition that I can possibly give, I will refer you to "Hebra s defination as the best I have seen in print, and *that* you will fined in Dr. Rohé's work on Eczema. The causes of eczema are many, but I will confine my remarks to local irritation and indigestion, I have often heard it said that Eczema was very difficult to cure and in most cases the tendency was to a chronic eczema. As I am short-lived in practice and with only a limited experience as to number of cases, from experience I can not say, what has already been said concerning eczema will hold good in the future. All I can say is that out of more than a dozen cases that I have treated none left me uncured; whether some of these cases would have become chronic or not remains for you to decide after having heard the history.

The intense suffering of a member of the medical profession and the failure of his attending Physicians to cure or give relief, and the happy results of my treatment causes me to think it worth while to give the modus operandi to you and if you think favorably enough of it try it and see if you receive the same good results.

The first case to which I call your attention is Mr. P—age 98 years, Hebrew, always enjoyed good health, and never had any skin disease, sent for me to come to see him. Upon examination I find him in the following condition. His hands and lower part of the arms smeared over with mercurial ointment, and he rubbing and scratching and complaining of the terrible itching; temperature normal pulse good, had had slight diarrhœa. I ordered the ointment to be washed off with warm water and Calverts carbolic soap; after this was done I examined my patient as to the cause of the itching, I found him suffering from a severe vesicular eczema; some of the vesicles were larger than an ordinary thumb nail others very small. These visicles were mostly on the fingers back part of the hands, the wrists and arms to the elbows, the feet, ankles, legs, inner part of the thigh and over scrotum, penis and pubis, a few sparsely scattered over the body in the hair and beard. I looked for a cause, could find none externally, but am quite certain I found an internal cause, for a few days before this he had eaten of some *balls* the nature of which I could not learn except that they were of a vegetable nature. They caused an indigestion and as I have already said, a slight diarrhœa. Having found a cause as I thought, I placed my patient upon the following:

After having him well washed with warm water and carbolic soap I then opened the vesicles freely. I then had

Read at 719th Meeting of the Medical and Surgical Society of Baltimore, Nov. 13th, 1890.

him well bathed with solution carbolic acid 3i to Oi, allowed this to dryby evaporation; then used freely twice a day the following salve:

R.—Ol. cade,	3i
Bismuth subnit,	
Zenci oxide,	āā 3iv
Lanolin,	
Ungt. Hebra,	āā 3ii

Internally, I gave first a dose of sal. Rochelle, which emptied the bowels well, and then I gave a tonic containing calisaya bark and iron. My patient did well upon this treatment, and in one month every sign of his eczema was gone and has not returned since. At the celebration of his 100th birthday I was introduced to his friend by his son, as the doctor who cured the old man of blood poisoning.

Second case, Mr. H., age 42 years, came to me after having been treated by several doctors and one or two quacks, with exzema ruba, confined to the left limb, extending from about upper two-thirds of thigh to the toes. The limb was swollen, red, scaly, hot and very itchy. I looked for a cause in this case, but could find none unless due to some former irritation. I examed the urine, found it normal. I placed my patient upon the following treatment: Had the limb well rubbed with vaseline; then thoroughly washed with warm water and carbolic soap (this removed all the scales and gave a clean surface for further treatment). I then had him moped with the carbolic solution as mentioned in the former case. Allowed this to dry and used twice a day the salves already mentioned. Internally I gave 3ss dose tr. ferri chlor every 4 hours. In two weeks my patient was well, and has remained so.

Third case, a physician suffering with severe scrotal eczema, extending to pubis and thighs. After treating himself and failing, and also several other physicians failing, called my attention to his condition. I gave him the prescription for the salve, using smaller amount of ol. cade, and told him my mode of treating such cases. He used my treatment and in less than two weeks was entirely cured.

1427 E. Fayette Street.

ABSTRACT OF A LECTURE BY SIR JOSEPH LISTER ON THE KOCH TREATMENT OF TUBERCULOSIS.

It would be not uninteresting to hear some views of so eminent a gentlemen in the proflession, as Sir Joseph Lester, expressed at a lecture delivered by him at Kings College Hospital, after his return from a few days visit to Berlin,

While Dr. Lister does not share the enthusiasm of many of the younger doctors, being conservative both as an Englishman, and old experienced clinical teacher and investigator, he expressed himself as being astounded by great results brought about by Dr. Koch's treatment. He predicts great developements.

After explaining the modus operandi, the various symptoms produced by the injection (with which we are familiar) he dwelt upon the minuteness of the quantity of lymph used, being really but a millionth of a gramme of the active substance used, yet that the almost inconsiderable minute quantity diffused throughout the circulation of the human body gives rise to such remarkable changes as great febrile reaction, disturbance of circulation and nutrition etc., and this only in tuberculor subjects.

In apparant tubercular troubles, such as lupus swelling of glands, joint affections, bone troubles and others, the injections only affect the parts diseased, as shown by increased swelling, desquamation, new granulations, and finally death of the diseased tissue; it comes to be an agent of extreme diagnostic value, as it shows no effects in other affections, such

as cancer or syphilis or in healthy persons.

Then the doctor dwelt upon the wonderful searching effects which the lymph manifests, often causing intense inflammatory changes in tissues, and parts only supposed, and often not even thought to be diseased, as illustrated by many cases, where after injection of a single minute dose evidence of the presence of tubercle was shown by the swelling, appearance of granulations and febrile disturbance, etc.

But while Dr. Koch's fluid has this searching diagnostic value, Dr. Lister thinks that there can be no doubt that it also has a powerful therapeutic or curative influence.

While Dr. Lister takes mainly the surgical view of the effects of the lymph in apparent tubercular troubles, he also points out that he learned from trustworthy authority that patients in the early stage of phthisis had, under the treatment, lost all their symptoms, diminishing of purulent sputum, which then changed to mucous character, in which finally no tubercle bacilli were found, cessation of night sweats, and a gaining in weight, while the physical signs also had vanished.

Now, as the lymph only operates upon diseased tissue, so depriving the bacilli (which are not directly injured by the treatment), of their main source of life, and besides giving the healthy tissues power of resistance, the dead portions may be gradually eliminated where they cannot be separated en masse from the living body by surgical procedure, the bacilli must also necessarily perish.

Dr. Lister observed many years ago, that dead portions of tissue, if preserved from septic agency, are gradually absorbed, and this led him to employ the catgut ligature, which is also composed of dead tissue.

There is no reason for supposing that the death of any portion of tubercular tissue, through the agency of Koch's treatment would render it unfit for absorption.

In many situations theitubercular disease may be eradicated by both surgical means and Koch's fluid, as Dr. Koch himself has thrown out the possibility that immunity may result in consequence of the treatment.

So far, however, this does not seem to have been attained. In the cases we read of where lupus apparently cured by a course of injections, had made its reappearance, some piece of necrosed tissue must have remained unobserved, with its living bacilli then started the disease afresh. The immunity of the whole system, which is so desirable, does not seem as yet to have been attained.

Experiments have shown that immunity has been obtained in the quinea-pig. Why should there be a difference in man? It might be due to the fact that the guinea-pig is capable of taking much larger doses of Koch's fluid without bad effects. If, therefore, we could sufficiently increase the dose, immunity might, perhaps, be produced also in man.

Dr. Lister thinks that the fever induced by the injections is due, in part at least, to the inflammation of the tubercular tissue.

He also thinks to explain the fact that repeated injections causing less and less febrile and general disturbance, by the lessened amount of tissue present, in part, also that a tolerance of the remedy may be acquired.

FANCY DISEASES.

"Diseases is very various," says Mrs. Partington. "Now old Mrs. Hayze has got two buckles on her lungs, and Mary Simmes is dying of hermitage of the lungs. One parson has tonsors of the throat and another finds himself in a jocular vein. New names and new nostrils everywhere!" —*Canadian Practitioner.*

The death of Dr. Fr. Salzer, Extraordinary Professor of Surgery at Vienna, is announced. He was also Primararzt in the General Hospital.

MARYLAND MEDICAL JOURNAL

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J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, JANUARY 3, 1891.

Editorial.

SALUTATORY.

It cannot be denied that, since the establishment of the MARYLAND MEDICAL JOURNAL there has been some want of congeniality between it and the medical profession of the city and State. What has been the cause of this we will not undertake to say, but it is a fact much to be regretted under any circumstances, and especially so when it occurs in a medical community of the size and importance of this one; a medical community whose educational influence extends so widely and is destined to a much larger growth. Moreover the lack of an efficient law governing the practice of medicine and the want of a true State medical society, make it especially desirable that the profession of the State should have some means of systematically expressing itself. The recent successful attempt on the part of the Medical and Chirurgical Faculty to extend its influence and gather to itself the better elements of the profession of the State,—an effort which was derided by some of the more conservative members, as doomed to failure—encourages us to hope that the profession at last sees the absolute necessity of organization and aggressive work, and we are prepared to devote our pages to the furtherance of this most commendable design. The profession of this State has its own apathy and indifference to thank for the deplorable position in which it has been content to rest for many years. With intelligence, refinement, good training and professional success playing at least as important a role as it does in an average community, it has allowed itself to be trampled under foot as a body, and it has appeared to rest content under treatment which our law makers would not dare to inflict on any other class of citizens. The thought that restrictive laws, in the States immediately surrounding us, make our State the shunting ground for quacks and incompetents is not one of which a Maryland physician can be proud. It means either lamentable indifference on the part of the profession or a lack of influence scarcely credible. What is the remedy? Organization. The Medical and Chirurgical Faculty has started on the right road, as shown by the interest awakened by the Hagerstown and Cambridge meetings. The JOURNAL proposes, so far as in it lies, to make itself

a part of the forward movement, and hopes to preach the gospel of organization, in season and out of season, until the profession of our State will be able to take the place among the professions of other States to which its intrinsic merits entitle it.

. . . .

We do not propose, however, to limit ourselves to the function of discussing medical organization. Baltimore has become a medical centre of great importance and wide influence. Its colleges and hospitals are well equipped for clinical and didactic work, its medical teachers are equal to any in the country, and its clinical material is practically unlimited. The students who seek its lecture halls are numbered by hundreds. But much of our best work is strictly limited to the clinical amphitheatre. The busy practitioner cannot attend clinics, but he can profit much by condensed accounts of the work done, and we propose—and in this we beg the sympathy and support of our clinical teachers—to give our work a larger audience by presenting such clinical lectures and hospital reports as seem best suited to the needs of our subscribers. The students who are taught here should be induced to continue professional relations with us. They will naturally value such communication with their old masters, as will come from perusal of their clinical lectures and reports of their work. We hope especially by this department of the JOURNAL, to make it almost a necessity to the men who receive their diplomas from our schools.

. . . .

It has often been a matter of keen regret to us that much of the best work done in our medical societies seeks publication in journals elsewhere. We are not disposed to claim all the good papers written by Baltimore men. Our present facilities would not be sufficient for them. But we hope to make it appear that we are entitled to, at least, a fair proportion of them. Medical society work is naturally most interesting in the locality where it is done, and we hope to make the publication of such work an important part of the JOURNAL.

. . . .

Under the head of Medical Progress, we will present such condensations and abstracts of what is being done in the medical world, both at home and abroad, as will make the JOURNAL useful to those whose practical work leaves them no time, or whose unfamiliarity with foreign languages makes them unable, to cull for themselves. Arrangements have been effected by which we can have access to all the best home and foreign publications, and we propose to make our own translations and abstracts, with a view to selecting what is best suited for the tastes and needs of our readers.

. . . .

Our editorial columns will be divided between the discussion of the interests of the profession in its relations with the public, and the presentation of purely medical matters, which seem to be to merit special consideration. We offer our colums to correspondents in the regular profession who may have views they wish to publish, providing, of course, that the usual courtesies are observed.

. . . .

Finally, we believe there is need in Baltimore for an active weekly journal-conducted in the interests of the medical profession, and we are willing to under, take the task of supplying it. In so do-

ing we must depend on the good will and public spirit of our guild. We ask a hearty support from the profession and shall try our best to deserve it.

Correspondence.

Editor Maryland Medical Journrl:

DEAR SIR:—Enclosed is a letter from the secretary of the "American Medical College Association," which was founded last spring at Nashville. You will doubtless be, like myself, surprised that none of our Baltimore schools have been heard from in response to the secretary's circular. The secretary's suggestion that the colleges themselves give the required instruction in Latin is timely in view of the opposition to this part of the preliminary requirements. A year is allowed as you will perceive for preparation in Latin. The Baltimore faculties (or rather their representatives) will hold a meeting on January 2d at 12 M. at the Medical Library, to consider this whole subject and endeavor to decide upon a uniform course of procedure.

Your respectfully,
EUGENE F. CORDELL, M. D.,
Secretary of Baltimore
Conference of Medical Faculties.

ST. PAUL, MINN., Dec. 20, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—Yours at hand and noted. Am pleased to see that the profession of Baltimore continue to take a lively interest in the welfare of an association of medical colleges formed for the purpose of raising the standard of medical education in this country, I, at the same time, am somewhat surprised to be advised of the fact that you think that we are losing our interest as officers of this association; upon the contrary, we are not, but are doing all we can, in a business-like manner, to put this organization upon a permanent footing, that will command the respect and support of the better colleges of the country. Immediately after the Nashville meeting I sent a communication to every regular medical college in the United States. The communication was accompanied by the requirements that we adopted at that meeting, together with a blank, as herein enclosed, inviting these colleges to join the association. A few of the colleges that were represented at Nashville immediately responded with a properly attested petition for membership. I found, however, that in a vast majority of the schools no faculty meetings were to have been held until fall, and, indeed, many colleges have not yet been able to act upon my communication owing to the fact that no faculty meetings have yet been held. I have received petitions for permanent membership from thirteen colleges. Am somewhat surprised that I have not yet heard from any of the Baltimore schools in response to my circular letter, issued in July.

Our committee on permanent organization expects to begin its labors in the framing of by-laws and constitution as soon as we can hear from Dr. Osler of your city, who has been invited to become a member of this committee. The doctor was invited to participate in the work of framing these by-laws, knowing that he was a warm friend of higher medical education, and had a large experience as instructor in various high-grade schools. If I mistake not, this committee will prepare a set of by-laws for submission to the next meeting that will fully meet the demands of the profession of this country. We will discourage the multiplication of the so-called "cheap medical college," and will require a higher grade of instruction in a large number of the schools of the country. As chairman of that commit-

tee I shall at least demand, as necessary to membership in this association, that a college be possessed in fee simple of sufficient property rights to afford the student adequate medical instruction; that the amount of clinical instruction shall be prescribed, together with the minimum amount of laboratory instruction. I shall be pleased if the profession of your city will prevail upon Dr. Osler to signify his willingness to serve upon this committee at an early day.

I find some objection to joining the association by the schools of New York, three of them signifying their desire to join provided we recognize the New York State law pertaining to entrance examination. The entrance examination of the schools of New York is fixed by statute, and our work is somewhat complicated owing thereto.

I shall be pleased for an expression of the profession of your city on this point. It is not practicable, as you see, that the students be required to undergo two entrance examinations. The State law of New York does not require an examination in Latin; our entrance examination after 1892 will require an examination in Latin. I shall favor, as a member of this committee, that students be afforded a course of instruction to prepare them in Latin. A few lectures on medical terminology and derivation, together with some recitation work in the Latin language, will afford our students much needed instruction, and thus prepare the student to pass this examination at the end of his first year of instruction. The indications are that but few schools from the South will be with us next year. I trust that your profession may be able to exercise some influence in behalf of the interest of the association, and that the schools of the South will be very generally represented at the forthcoming meeting. The next meeting will undoubtedly be held in Washington, during the meeting or the session of the American Medical Association. At this meeting there will probably be two or three papers upon points to be decided by the president and to be delivered by well-known medical men throughout the country. I shall be pleased to receive any suggestion from you or your profession that will aid us in this good work, at the same time assuring you that the profession in this section of country are fully alive to the demands of the people for a better product from the schools of this country.

Fraternally,

PERRY H. WILLARD,
Secretary.

RULES GOVERNING THE ADMISSION OF COLLEGES TO MEMBERSHIP IN THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

1. That the colleges shall require a graded course of instruction, covering a period of not less than three courses of lectures of six months duration each, before graduation.

2. That oral and written examinations be required of all students.

3. That a thorough course of laboratory instruction be maintained in Chemistry, Histology and Pathology.

4. A preliminary entrance examination consisting of:

1. A composition, written in English, of not less than two hundred words.

2. The translation of easy Latin prose.

It is provided, however, that students be allowed one year to make up any deficiency of this examination.

3. An examination in Higher Arithmetic.

4. An examination in Elementary Physics.

It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science and arts, or graduates of normal schools supported by the different States,

be exempt from the provisions of this examination.

By resolution it was determined that the colleges entitled to representation in this convention shall enforce the above curriculum at the commencing of the session of 1892-93.

Reviews, Books and Pamphlets.

Abdominal Intra-Thoracic Air Pressures and their Treatment is the title of a pamphlet reprint of an address delivered at the seventh annual meeting of the American Climatological Association, by its President, Charles Denison, A. M., M. D., of Denver, Colorado. It contains, besides other matter, valuable information with regard to high altitude treatment of asthma.

Medical Progress.

ANTISEPSIS AND ASEPSIS BEFORE AND AFTER MAJOR GENÆOLOGICAL OPERATIONS.

Dr. Howard A. Kelly (*Am. Jour. Med. Sci.*, Jan. 1890), gives an interesting account of the technique employed in his operations for the prevention of septic consequences. The subject is well worn and the principles advocated, generally accepted, but the paper is valuable in that it goes into particulars and deals with exact methods. Dr. K. prepares instruments, ligatures and dressings by steam sterilization. The method of dealing with operator and assistants is the one usually adopted so far as thorough scouring with soap and water is concerned. After this process, however, the hands are soaked in a saturated solution of potas. per mang, this removed by soaking a half minute in a saturated solution of oxalic acid in water, after which a one minute soak in 1-1000 sublimate solution is required. He mentions the interesting fact that after the most thorough scouring with soap and water, his assistant (Dr. Ghriskey), was able to demonstrate the presence of the staphylococcus on his finger nails. The abdomen of the patient is scoured with soap and water, followed by ether, and then treated with sublimate 1-1000. The absolute closure of the line of incision, save the opening for the drainage tube, is insisted on and iodoform collodion recommended for the purpose. The most rigid care is also enforced with regard to the treatment of the tube, and the antiseptic treatment of the case in general after operation. Practical directions are also given for the practice of asepsis away from the hospital.

THE ORGANIZATION OF AN OPERATION.

Dr W. W. Keen (*Am. Jour. Med. Sci.*, Jan., 1891), contributes an article under the above heading which is well worth the careful study of surgeons. He has symtemized his preparations for operation and furnishes the attending physician with a blank (published by Lea Bros. & Co.) upon which every needed article or direction may be checked off. These blanks are arranged under four heads as follows: I, Patient. II. Room and Bed. III, Dressings, &c. IV, Medicines, &c.—And while they offer a most convenient method of giving directions act at the same time as a valuable reminder to the surgeon, thus preventing the inconvenience and chagrin, not to say danger, which may come from having forgotten some important point. In addition to the blanks the doctor keeps a manuscript list of instruments divided into general and special groups, which aids very much in the organization necessary to accurate scientific surgery.

RECOVERY FROM DROWNING.

"Above all, avoid zeal," was a motto frequently impressed and constantly acted

upon by the French "politic man" and wit, M. Talleyrand. Instances, on the other hand, where the absence of this factor of existence or delay in its application is fraught with disaster, are numerous enough in the practical region of everyday life. It is, for instance, reported that the body of a man who had been capsized from a sailing-boat on the Thames was picked up by a boatman, who towed it ashore behind his boat. A medical man saw the body on shore, and confirmed the boatman's view that life was extinct. Two bystanders, however, who were more sceptical and more sanguine than the others, immediately commenced the vigorous application of restorative treatment. In two hours their diligence was rewarded by visible signs of returning animation in the man. Further treatment was proceeded with and the man is now living and well. The coroner for Essex characterized it as the most remarkable case of "recovery from drowning" that had ever come under his notice. The obvious warning cannot be too often reiterated, that those engaged in the resusitation of the drowned should not be easily discouraged in their efforts. First aid men should. more especially in such cases, add to their skill, patience, hope, and a fulness of zeal.—*Lancet*, Dec. 13th, 1890.

A CONTRIBUTION TO THE ÆTIOLGY OF JACKSONIAN EPILEPSY.

In the *Archiv für pathologische Anatomie und Physiologie und für klinische Medicin*, Dr. K. Yamagiwa calls attention to two cases of severe cortical epilepsy in which post-mortem sections of the brain revealed disseminated patches of *Distoma pulmonale* in the cortex. Misroscopic examination showed, in connection with the parasites, giant-cell and round-cell infiltration, thickened blood-vessel walls, and new connective-tissue growth. Further research disclosed the Distoma in the lungs.—*N. Y. Med. Journal.*

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED DECEMBER 20, 1890.

Wyman, Walter, surgeon, granted leave of absence for twenty days, Dec. 11, 1890, to attend meeting of American Public Health Association, Dec. 12, 1890.

Long, W. H., surgeon, granted leave of absence for seven days, Dec. 20, 1890.

Murray, R. D., surgeon, granted leave of absence for thirty days, Dec. 20, 1890.

Irwin, Fairfax, surgeon. Detailed for special temporary duty at M. H. Bureau, Dec. 10, 1890.

Carter, H. R., P. A. surgeon, to attend meeting of American Public Health Association, Dec. 11, 1890.

Wasdin, Eugene, P. A. surgeon, to attend meeting of American Public Health Association, Dec. 11, 1890.

Kinyoun, J. J., P. A. surgeon, granted leave of absence for thirty days, with permission to go abroad, Dec. 11, 1890.

Geddings, H. D., asst. surgeon, upon expiration of leave to proceed to New York, N. Y., for temporary duty, Dec. 18, 1890.

A HOSPITAL CENSURED BY A CORONER'S JURY.

A patient, with alcoholic delirium, committed suicide, last month, in the Long Island College Hospital of Brooklyn. She was confined in a private room, with hands and feet manacled, and tied to a bed. She managed to get rid of her fastenings, and jumped out of a window, which was not barred. The verdict of the coroner's jury contained the statement that "the authorities of the hospital are responsible, for being negligent in not providing the proper care to prevent the said patient from taking her own life," The profession and the public will probably agree

with the verdict. It is very difficult, and often impossible, to treat such patients outside; but when they are taken into a hospital, they should not be allowed to throw themselves out of windows. —*Canadian Practitioner.*

JENNER AND KOCH.

Habent sua fata magistri; the reception and diffusion of Jenner's great discovery was different from that of Koch by all the differentiation between the close of the eighteenth and the close of the nineteenth centuries. Jenner, after twenty-one years spent in maturing and perfecting his idea, had to wait long, in those days of slow traveling and undeveloped journalism, before it became public property. Koch, on the other hand, has positively had to suffer from the feverish haste with which his "cure" has been caught up and applied. Vaccination had for years to struggle with opposition and distrust; the injection of the Koch liquid has been so promptly appreciated and put in practice that it is already sharing the reaction inseperable from too sanguine expectation. It is in Germany that the contrast in the fortunes of the two discoveries is most keenly felt, and Stricker's classic monograph on vaccination is appealed to for points of dissimilarity between the slow advance of the one and the "leaps and bounds" of the other. It was not till July, 1801, that the Prussian Medical Department, for the first time on the Continent, issued instructions to all "Collegia Medica et Sanitatis" to give vaccination a trial. In June, 1802, the same official authority lent its *imprimatur* to the practice, and in October of the same year the Anti-Small-pox Vaccination Institute was established at Berlin. Popular literature, sermons from the pulpit, dramatic representations, and copy-book aphorisms in schools, had all to be "pressed into the service," as means to awaken the public mind to the importance of vaccination. A specimen of the "Vorschriften zum Schönschreiben" by which the juvenile intellect was weaned from the dread of the prophylactic innovation is the following, taken from a publication at Coburg and Leipsic in the year 1805: Ignorant and ill-disposed people, who will neither understand nor adopt what is good, have spread abroad lies of all kinds against health-giving vaccination." At Magdeburg about the same time, "The Cow-pox," a family scene in one act, was produced and dedicated by the author, Professor Rambach, to Dr. Welper, as " the saviour of his children," the piece closing with the introduction on the stage of the children in question, each with well-developed vaccination marks on his arm. By such methods had the good German public, at the beginning of the nineteenth century, to be educated out of their well-grounded dread of inoculation, and into a hearty adoption of vaccination. With Koch's discovery, on the contrary, the profession is laboring to tone down a too roseate expectancy, and thinks it has scored a point when the question has come to be asked: "At what stage of tuberculosis is cure possible?" Meanwhile Koch himself, who is in no way to blame for the unreasoning enthusiasm his discovery has evoked, continues to perfect the system which has already cost him sixteen years' work.—*Lancet*, Dec. 13, 1890.

THE TREATMENT OF BURNS.

In the Friedrichshain Hospital in Berlin the following is the method of treatment of burns employed by Dr. Bardeleben (*Lyon Medicale*, September 14, 1890).

The burned surface is first carefully washed with a two or three per cent. solution of carbolic acid or a three per mille solution of salicylic acid. The blisters are then opened, and the entire surface covered with subnitrate of bismuth finely powdered, and over this a layer of cotton wool. This dressing is to be renewed as soon as it becomes at all moistened by discharges from the wound. If the burn is very extensive, an ointment of bismuth is substituted for the dry powder.

Dr. Bardeleben asserts that with this

dressing cicatrization is much more rapid and suffering much more quickly relieved than is the case with any other form of treatment.

He states that, in spite of the large quantity of bismuth which he has employed, he has never seen any symptoms of poisoning follow its use.—*Theraputic Gayette.*

CROUPOUS PNEUMONIA.

John Playfair, M.D., in *Edinburgh Med. Jour.* says:,—The treatment should be mainly expectant, and therefore little need be said of it. Continuous hot moist applications to the chest were not employed. Such applications I believe do harm. They impede the movements of the chest by their weight, tend to increase fever, and generally are anything but comfortable.

All the counter irritation required is secured by the application, to the back of the chest, of a few hot linseed meal poultices sprinkeled over with a little mustard. Each poultice should be kept on for about twenty minutes, and in the intervals the chest enveleped in a light layer of cotton wool. Internally if the cough is troublesome, an occasional dose, according to age, of a mixture of equal parts of syrup of tolu and syrup of chloral should be given. If the patient seems to be getting exhausted, and the pulse becoming rapid and feeble, the chloral and tolu mixture should be stopped, and a mixture of carbonate of ammonia, tincture is often required about the time of the crises or immediately after, as already mentioned. Alcohol was also usually given at this time.

As regards antipyretics, I find tepid sponging is by far the safest and most effective means of bringing down temperature in children. It is easily carried out, and a skillful nurse can sponge the patient as often as necessary without in the least disturbing or exposing him. My rule is to sponge whenever the temperature reaches 103½°, and to do so every two hours till the fever is reduced two degrees. Antipyretics, such as antipyrin and antifebrin, are given in some cases also, and usually with good effect. Occasionally, however, the effect is greater than expected; and the consequent exhaustion more pronounced than desirable. For that reason, chiefly, I prefer the sponging, unless in a case of hyperpyrexia, as in cases where the temperature runs to 106° and 107°, when antipyrin and antifebrin should be used and the wet packs also restored to. I prefer antipyrin to antifebrin as being decidedly less depressing.

During convalescence, iron, maltine, and cod-liver oil are the chief medicinal agents relied upon.—*Archives of Gynæcology.*

RELAPSING APPENDICITIS; OPERATION BETWEEN ATTACKS.

Dr. Charles B. Porter (*Boston Med. and Chir. Jour.*, Dec. 25, 1890), reports two very interesting cases of relapsing appendicitis, in which the modern method of seizing a time for quiescence between attacks for operation was adopted.

In the first case the patient came under observation during her second attack, the first having occurred some nine months previously. During the nine following months, he had eight other attacks. Operation was decided upon after consultation with Dr. F. C. Chattock, and performed in the Massachusetts General Hospital. A much thickened appendix was found with the omentum adherent at its tip. This was ligated and removed and the stump cauterized with the Paquelin cautery. The wound healed kindly by first intention. Thirteen months have now passed without return of former symptoms, the patient having in the meantime regained flesh and spirits.

In the second case, the patient was seen during the first attack and treated with morphine, nutritive enemata and hot fomentations. An abscess formed, which was opened and drained, with temporary recovery of the patient. Less than a year afterwards, the patient entered the

hospital suffering with another attack. When asked how many attacks he had had during the year, his answer was, "so many that I could not keep count." In ten days, under conservative treatment, he was convalescent. Radical operation was proposed and accepted. The proximal end of the appendix was found firmly adherent to the cæcum and its walls so thick that it ruptured during removal; notwithstanding this, recovery was uninterrupted.

THE COMMITTEE ON HYPNOTISM.

The Committee appointed by the Section of Psychology at the annual meeting of the Association in Birmingham has held its first meeting. Dr. Needham, the President of the Section, was unanimously elected Chairman of the Committee. The following headings were decided upon as a basis for carrying out investigations:—1. The Nature of Hypnotism and its Nervous and Mental Relations. 2. Its General or Limited Applicability as a Therapeutic Agent in different classes of disease. 3. The Degree and Mode of its influence on Morbid Conditions. 4. Its Dangers and the necessary Safeguards. At the request of the Committee, Dr. Kingsburry, of Blackpool, consented to visit various centres to meet members of the Committee residing therein, and aid them in their investigations.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. DECEMBER 16 TO 22, 1890.

Extension of leave of absence granted Major Stevens G. Cowdney, surgeon, to ten days, on account of sickness.

Captain Francis J. Ives, assistant surgeon, now on leave of absence, will proceed to Rapid City, South Dakota, and report in person to Colonel Eugene A. Carr, 6th Cav., for duty with troops in the field, relieving 1st Lieutenant William B. Barrister, assistant surgeon, and reporting also by letter to the commanding general, Department of Dakota.

Captain Walter Reid, assistant surgeon, now on duty at Baltimore, Md., will report in person without delay to commanding officer, Fort Keogh, Montana, for temporary duty at that station, and by letter to the commanding general, Department of Dakota.

Major Charles Smart, surgeon, is detailed as a delegate to represent the Medical Department of the army, at the annual meeting of the American Public Health Association, to be held at Charleston, South Carolina, December 16th to 19th, 1890. He will proceed to Charleston, accordingly, and upon the final adjournment of the Association, return to his station in this city.

Captain William O. Owen, Jr., assistant surgeon, now on leave of absence, will report in person, without delay, to Coloner Eugene A. Carr, 6th Cavalry, at Rapid City, South Dakota, for duty with troops in the field, and by letter to the commanding general, Department of Dakota.

Paragraph 17 of special order No. 287, December 9, 1890, relating to Captain Marcus E. Taylor, assistant surgeon, is so amended as to direct him to report to the commadding officer at Vancouver Barracks, Washington, for duty as post surgeon, relieving Colonel Bernard J. D. Irwin, surgeon, of that duty.

Captain Rudolph G. Ebert, assistant surgeon, will be relieved from duty at Vancouver Barracks, Washington, upon the arrival of Captain Taylor, and will then proceed to Fort Huachuca, A. T., and report in person to the commanding officer of that post for duty.

First Lieutenant Thomas U. Raymond, assistant surgeon, having been ordered to temporary duty at Vancouver Barracks, Washington, by the commanding general, Department of the Columbia, is assigned to duty at that post, and relieved from further duty at Fort Sherman, Idaho.

Leave of absence for 14 days, to take effect on or about December 20th, 1890,

is granted Captain William Stephenson, assistant surgeon.

CREOLIN; ANTISEPTIC OR TOXIC?

Some important evidence as to the action of creolin on the subject may be gathered from a thesis on that compound published at Breslau during the course of this year. Dr. Bitter, the author, notes that creolin has already been used in more than 2,000 midwifery cases at Breslau. As appears to be the case with nearly every new compound of the kind, the results, according to Drs. Born and Bitter, are most encouraging. In four of the midwifery cases, however, symptoms of poisoning occurred during the administration of a course of creolin injections. Three of the patients were suddenly seized with feelings of restlessness, anxiety, nausea, darkness before the eyes, and a tendency to syncope. The most peculiar feature in these cases was a strong flavor of tea or smoke in the mouth, of which all the patients complained. This symptom lasted for a long time, whilst the nausea etc., disappeared immediately upon the discontinuance of the vaginal injections of creolin. The fourth case was more severe; the patient suffered from great restlessness and prostration for several days after the injections were left off. About thirty-six hours after the beginning of the attack the urine, drawn off with the catheter, was very dark and strongly albuminous. Within a few days these symptoms of acute nephritis disappeared.

Dr. Bitter advocates creolin as superior to other disinfectants on account of its "relatively" (*sic*) non-poisonous qualities, its excellence as a deodorizer, and its blandness when applied to skin, mucous membranes, and wounds. It neither dries the vaginal mucosa nor causes any contraction of the canal. Creolin has no special hæmostatic action. Dr. Bitter finds that there are disadvantages in creolin, as the emulsions employed for injections are opaque, and the preparation of creolin usually on sale appears to be unstable.—*Lancet.*

RICKETS.

Dr. Kassowitz, in the *Wiener Med. Wochen,* contends strongly against the opinion that rickets is due to a diminution of lime salts in the food or to their insufficient absorption due to weakened digestion. He believes the essential cause to be an inflammatory condition of the bony tissues and not a lack of calcareous material. After Wagner had demonstrated the specific action of phosphorus upon the bones of animals during the period of growth, the author conceived the idea of availing himself of the drug in the treatment of rickets. The favorable results, just published in 1884, have since been confirmed by numerous observers. He usually administers the phosphorus in cod-liver oil, giving a half milligramme a day. This oil of phosphorus is, as a rule, well tolerated and may be continued during the warm season. When not well taken, the phosphorus may be exhibited in an emulsion of lipanine, mucilage and syrup.—*Archives of Pœdiatrics.*

"THE DEADLY CIGARETTE."

In reference to a paragraph bearing this title, which appeared in the *British Medical Journal* of November 15th, we have received a communication from the editor of the *Monthly Letter* of the English Anti-Tobacco Society. In the December issue of that publication, the paragraph in question is spoken of in terms of high approval. We are informed that we deserve "the thanks of every well-wisher of youth for calling attention to the terrible risks which many lads run who are addicted to the use of tobacco." We may observe that this flattering commentary is particularly creditable to the Society on account of its temperate wording. "Many lads" sounds better than "all lads," and shows that, unlike many other associations for the suppression of real or imaginary vices, the Anti-Tobacco Society expresses itself with moderation. Over-statement is the rock on which most enthusiasts split. The evils of

smoking may be exaggerated, though in the question actually under consideration it is hard to speak too strongly.

Philanthropists often talk forcibly about vices which must sooner or later destroy our country or undermine the very foundation of society. Unfortunately, such arguments may always be met with the reply that history shows that our country has for long tolerated these very vices without entailing its destruction, and the foundations of society appear to bear a great deal of undermining. Hogarthing lords, rakes, harlots, and rabble really existed, and were loathsomely vicious. A large majority of the heroes who brought Great Britain safely out of the terrible Napoleonic wars were not strictly temperate, and our tars indulged in tobacco, taken in its most objectionable form. In the comparatively peaceful days of George IV drinking increased, whilst smoking steadily gained its position amongst the "classes." Still these port wine bibbing cigar-smokers, if a vicious generation, did not, like Horace's Romans under Augustus, beget generations yet more vicious. At the present day smoking is universal, whilst the descendants of Squire Western and his "three-bottle men" have grown temperate. Yet physicians have not been able to ascribe many definite evils to tobacco. It may be the source of much of the dyspepsia so frequent in these days; but tea-drinking laundresses, a class that never smokes, are subject to severe indigestion of precisely the type observed amongst smokers. Indeed, tea, coffee and the struggle for existence, are probably far more to blame in this respect than tobacco. The frequency and severity of "tobacco amblyopia" (a disease often noted by anti-tobacconists) has, according to Mr. Jonathan Hutchinson, been much overstated. The scientific advocates of the "weed" declare that the pipe, cigar and cigarette entail rest after meals, or repose from worrying reflexions, and thus act undoubtedly in a salutary manner. At the worst, a large majority of the male population of this country smoke without very grave effects. On the other hand, there can be no doubt that there can be but one opinion about smoking amongst boys —*British Medical Journal.*

MEDICINE IN JAPAN.

The medical profession in Japan can hardly complain of being left in the cold shade of official neglect. The Emperor recently named three medical men, namely, Dr. Sensai Nagayo, Director of the Sanitary Bureau of the Home Department, Dr. Jûn Matsumoto, formerly Medical Director-General, and Dr. Tsunatsune Hashimoto, retired Medical Director-General of the Japanese Army, members of the House of Peers. We congratulate these noble and learned lords on their elevation, and we have no doubt they will worthily represent the profession of which they are distinguished ornaments in the illustrious assembly of which they now form part. We are also pleased to note that four medical practitioners—Drs. T. Hasegawa, M. Suzuki, N. Hamano, and a gentlemen who, in the report from which we quote, is somewhat tautologically designated as "one more beside," were elected members of the Japanese House of Commons by popular suffrage. The fact that medicine should be so well represented in the first Japanese Parliament is a striking proof of the high degree of civilization to which that wonderful people has already attained.—*Brit. Med. Jour.*

THE TIME OF DAY FOR OPERATIONS.

There is considerable difference of opinion amongst surgeons as to whether it is best to operate early in the morning or in the afternoon. Many prefer the morning. They say that the patient is saved the suspense of being kept waiting till the afternoon, and the surgeon has the better chance of a good supply of sunlight or its equivalent in this country. Both these reasons have considerable force. Other surgeons maintain that

early operating implies a sleepless previous night. The shades of evening, a greater promoter of sleep than blinds and screens, come on sooner when the operation is performed in the afternoon. This physical fact also implies greater chances of rest in another respect, for there is less fear of subsequent disturbance from noises inside or outside the house when the surgeon operates late. Long operations may seriously tax the surgeon's strength and nerve, and in this respect again the afternoon is better for operating than the morning. In private practice and wherever freedom from noise and plenty of warmth can be ensured, the morning is probably the best time, especially in the summer. As far as light—a most important factor—is concerned, the time of day makes little difference at this time of the year in London, though the danger of a sudden darkening of the atmosphere is, perhaps, greater in the afternoon. —*Brit. Med. Jour.*

AN INVESTIGATION INTO THE ETIOLOGY AND TREATMENT OF PHTHISIS.

Dr. Heneage Gibbs and E. L. Shurly, (*Phil. Med. News*, Dec. 27. 1890,) in a short but extremely interesting paper, give an account of their work in the prevention and cure of phthisis. Referring to their previous work in showing by experiment the antagonism between chlorine and iodine, and the *materiis morbi* or the disease, they show that chlorinated sputum loses its power of communicating the disease, and that *guinea pigs and monkeys well iodinized will not take tuberculosis from inoculation.* Chloride of gold and sodium produces the same result. These agents therefore, are selected for therapeutic experiment, and having proved effective in animals, are used on human beings. the hypodermic method being used for administration, and the buttock selected as the most available point for the injection. So far the results are as follows:

"We have thoroughly treated since the early part of September of this year up to December, about 25 cases of phthisis pulmonalis in the human being of different types, and two cases of general tuberculosis. The latter were advanced cases and died—although, in one there was a decided mitigation in the course of the disease. Of the cases of phthisis pulmonalis, four were far advanced and died, one being a case of laryngeal phthisis. Four cases (of the sub-acute variety) not far advanced, but showing caseation, etc., have been so positively benefitted, as to be called "cured." They have remained quite well and resumed their respective avocations. The remaining cases are still under treatment; two of them, however, (one laryngeal phthisis and the other, sub-acute pulmonary phthisis, sometimes called pneumonic phthisis) are so much improved that they will leave Harper Hospital in about a week. Of the remaining cases, two were well advanced before entering hospital, but are decidedly better. We have now 21 cases under these plans of treatment exclusively, about one-half of which have been under treatment but a few weeks, and most of them are doing well."

G. and S. fully explain their method of treatment and insist that the solutions shall be made of chemically pure materials. They give an injection once daily, beginning with 1-12 grain of the iodine, and gradually increasing to 1-6 or ⅓ unless symptoms of iodism appear. The chloride of gold and sodium is given in the dose of 1-50 gradually increased to 1-15. The patients also use chlorine inhalations.

SCLERODERMA AND ITS TREATMENT.

Dr. A. Llopis reports and figures in *El Siglo Médico* a case of scleroderma occurring in a woman of forty-five years of age and affecting both mammæ, which were of stony hardness and atrophied on the surface, with the exception of the nipple being covered with large dark scales—psoriasis nigricans. The patient complained greatly of constriction of the chest, which prevented her breathing

easily. The left arm was also affected. Before being seen by Dr. Llopis, three skillful practitioners had at different times diagnosed cancer and had advised operative measures. Dr. Llopis diagnosed scleroderma adultorum, and ordered a nutritive diet, arsenic internally, an alkaline wash, frictions of cod-liver oil for the psoriasis, and soothing ointment to be applied to the nipple, which was raw and painful. After about ten days of this treatment there was some improvement to the touch and also some diminution of the difficulty of breathing. The amelioration was, however, only temporary. The arsenic was discontinued, and mercurial inunctions, combined with aromatic vapor baths, ordered, which were continued until constitutional symptoms began to present themselves. This treatment, again, was followed by general improvement, and Dr. Llopis proposes after a time to recommence the mercurial inunctions.

RESORCIN IN DIPHTHERIA.

Heft 9, 1890, *Centrablat f. d. Gesamte Therapie* brings an article on the value of resorcin in diphtheria, being a very active antiseptic and harmless even in solution, containing ten per cent. of it. A ten per cent. solution in glycerin penetrates the tissues rapidly. At the St. Lazare Hospital it has proved servicable in diphtheria.

It should be used every one or two hours, day and night, locally to the diseased spots. A spray of a five per cent. solution should be kept up in the room of the patient, and further, two to four teaspoonsful of a two per cent. solution of resorcin in syrup terebinth. should be administered daily.

In diphtheria of the larynx resorcin was of little value.

ICHTHYOL TREATMENT.

From the Univ. Female Clinic at Strassburg, new contributions to the treatment of certain womb troubles with ichthyol, by Hermann W. Freund, in Strassburg.

We received a paper reprint from the *Berliner Klinische Wochenschrift* No. 11, 1870, discussing the good effects obtained from the ichthyol treatment. In the v. Braun Clinic at Vienna, 100 cases were treated by Dr. Reitman and Schonauer with this remedy, showing good results. A five or ten per cent solution of the ichthyol in glycerin is used in the form of tampons, also in suppositories.

Very good results were obtained in old perimetritis exudations after other means had failed. No bad results from ichthyol were as yet observed.

The author has used this remedy in many cases of endometritis, both cervical and corporeal. The procedure in these cases is as follows: The first few days rest in bed with antiphlogistic measures and tamponing of vagina with ichthyol glycerin. The inflammation goes rapidly down, then an application to the uterus of pure solution of sodium ichthyol, and daily washing out with a warm astringent solution. The author uses sod. chloride.

The application of ichthyol is only necessary once a week. Observation for months afterwards of these cases showed their entire cure; two of these cases were of gonorrhœal nature. But the most marked and prompt benefit was gained from this remedy in cases of chronic corporeal endometritis.

HOW TO AVOID THE INDUCTION OF PREMATURE LABOR.

All kinds of heroic operations, obstetrical and surgical, are now frequently performed in cases of contracted pelvis in pregnant women, and the triumph is only perfect when the child is saved as well as the mother. Induction of premature labor exposes the child to great risk; its digestive functions are very weak for some time after birth. Dr. Prochownick claims to have successfully carried on labor to term in three women, by controlling their diet, saving the children.

The dietary consisted of a small cup of coffee with about one ounce of bread, dried in an oven, for breakfast; of meat, egg, or fish, with but little sauce, for dinner, with green vegetables, boiled with butter, salad, and cheese; and the same diet for supper, with about two ounces of bread and butter. A little Moselle or claret is allowed. Water, soup, potatoes, sugar, and beer are absolutely forbidden. This diet only slightly reduces the strength of the mother, and does not appear prejudicial to the child, according to Dr. Prochownick's experience. It simply diminishes the quantity of fat, and perhaps lessens for a while the solidity of the bones. Prochownick considers that a thin child born at term has a better chance of living than a plumper infant delivered prematurely. The exposure to air and subsequent artificial feeding at the seventh month involve far greater risks than reduced nutrition during two months' longer residence in the uterus. The narrowest conjugate diameter of the pelvis in the three cases successfully delivered was 10 centimètres (3.94, or nearly 4 inches).—*Brit. Med. Jour.*

SYPHILITIC ALOPECIA.

Syphilitic alopecia was noticed by medical writers in the sixteenth century, and Shakespeare makes a distinct reference to syphilitic alopecia in *Timon of Athens*, Act iv, Scene 3, where Timon urges Phrynia and Timadra to assist him in his general curse of mankind. "Make curl'd-pate ruffians bald," says that misanthrope. Professor Fournier, in a course of lectures recently delivered at the Hôpital St. Louis, stated that only one in twenty of his private syphilitic patients lose their hair to any appreciable degree. Alopecia is by far most frequent in the asthenic form of syphilis, where great debility and general disturbance occur, with relatively trifling specific symptoms, in patients not necessarily feeble. Yet this alopecia is not a result of pure debility or of a family tendency to baldness, as it is occasionally seen in its severest and most rapid form in the mildest cases of syphilis. Professor Fournier states that specific baldness comes on between the third and the sixth month. In carelessly treated cases this symptom may be delayed till the course of the second year, but never later. The baldness of middle-aged men has, as a rule, nothing to do with syphilis. Syphilitic alopecia may be purely symptomatic, being caused by pustular and other syphilides of the scalp, or essential. The latter form is the more frequent; the hair falls out without any cutaneous irritation, redness of the scalp, or headache. Lesions of the bulbs have been described. There is a general tendency either to free thinning of the hair or to patchy baldness, but these different types are often mixed, and when solitary are irregularly diffused over the scalp. The patches are never so free from hair as in tinea decalvans. Syphilitic alopecia is never permanent, according to Professor Fournier. At the end of five or six months the hair begins to grow again, even when the case is not treated. The beard and mustache are often attacked. The eyebrows often suffer and undergo a change, particularly prominent in young men. In youth the hairs of the eyebrows are thick and regular, and lie smoothly. When attacked by alopecia the hairs become thin, and those which remain stick out in all directions. Sometimes there are bald patches as well. These changes constitute what is known in Paris hospitals as the *signe d'omnibus*, as a patient is thus rendered diagnosable, even in a public vehicle. In tinea decalvans of the eyebrows all the hairs fall; in piliary keratosis, which is congenital, the skin of the brow is reddened.—*Brit. Med. Jour.*

FLOATING AMBULANCE SERVICE ON RIVERS.

Dr. F. Sautini, of the Italian naval medical service, in conjunction with Signor di F. Home-Rosenberg, an officer in the army, have published in the Oc-

tober number of the *Rivista Maritima* an interesting paper detailing a scheme for the organization of a river ambulance service, which they think might well be organised by the Red Cross Society, so as to be most valuable in case of war. The authors remark upon the successful manner in which water-borne ambulances were employed during the British campaign in Egypt in 1882, and point out how peculiarly such a system is adapted for the needs of a country like Italy, where there are such numbers of rivers, lakes, and canals. They also call attention to the greater comfort and freedom from jolting and dust which can be enjoyed by the wounded on board b ats than when they are conveyed in railway ambulance trains. The proposal consists in a plan of registering existing boats, and transforming them when possible into suitable ambulances. The tonnage should not be less than 200. They would be placed in three categories. 1. Boats accommodating two surgeons and four assistants, also hospital orderlies, cooks, bearers, and 200 wounded. 2. Boats containing wounded only, but furnisned with washing and disinfecting apparatus. 3. Boats suitable for administrative purposes—that is to say, forming the nucleus of an ambulance train, accommodating seven surgeons, a pharmacist, a number of orderlies, cooks, and bearers, and furnished with stores of all sorts and with washing and disinfecting apparatus. Plans are given showing the arrangment suggested for each of these classes.—*Lancet.*

Medical Items.

A western physician is said to have received the following from a brother physician: " Dear Dock I have a pashunt whose physical sines showes that the windpipe has ulcerated off, and his lungs have droped into his stumick I have given hym everry thing without effeckt his father is welthy honable and iufluenshal as he is a member of assembly and god nose I dont want to loss hym what shall I do ans by return male. Yours frat, —— ——."—*Boston Med. and Chir. Jour.*

The epidemic of small-pox at Lisbon shows no sign of abatement, and loud complaint is made by the medical press of the insufficient hospital accommodation provided for the sufferers. It is satisfactory, however, to learn that the Portuguese public are gradually waking up to the importance of vaccination and revaccination. The number of persons availing themselves of these means of protection is much larger than it was before the beginning of the present outbreak.

Among the nominations sent to the Senate by the President on the 23d inst., was that of Dr. Charles Sutherland, to be Surgeon General of the Army. Dr. Sutherland entered the medical department of the army in 1852, and is today, the ranking Colonel in that department. His services during the war of the rebellion won for him the brevets of Lieutenant-Colonel and Colonel; and his appointment to the highest position in the department is but a just recognition of those services. In 1866 he was appointed Assistant Medical Purveyor, and his experience in that capacity fits him for the office, which we feel assured, he will fill with credit to himself and to the corps which he represents.

Among the members of the medical profession in foreign countries who have recently died may be mentioned Dr. Ernst Adolf Coccius (aged 65), who had been Professor of Ophthalmology in the University of Leipzig since 1857; Dr. R. Calmettes (aged 39) a laryngologist of some repute in Paris; and Dr. Dumarest, of Bauteville (aged 82), who was for many years President of the Ain Medical Association.

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CONTENTS

ORIGINAL ARTICLES.

A Case of Trephining for Traumatic Epilepsy. By I. R. Trimble, M. D., of Baltimore. . . 221

Hysterroraphy. By W. P. Chunn, of Baltimore. 222

A Case of Extra-Uterine Fœtation. By Randolph Winslow, M. A., M. D. . . . 223

Ectopic Pregnancy, with Report of Two Cases. By Henry Banga, M. D., of Chicago. . . 225

EDITORIAL.

The Medical Schools and the National Association. 231

Some Disorders of the Border-Land of Sleep. . 333

REVIEWS, BOOKS AND PAMPHLETS. . . . 234

MEDICAL PROGRESS.

Treatment by Suspension.—Laparotomy in a Case of Perforatina Ulcer of the Stomach.—Chloral Antipyrines, On Muscular Fatigue.—Points from the Bradshaw Lecture on Modern Abdominal Surgery.—Treatment of Post-Partum Hæmorrhage by Subcutaneous Injections of Caffeine.—The Medical and Surgical College of New Jersey. 235

MEDICAL ITEMS. 240

Original Articles.

A CASE OF TREPHINING FOR TRAUMATIC EPILEPSY.

BY I. R. TRIMBLE, M. D.,
OF BALTIMORE.

In May, 1890, a patient was sent to me with the following history:

Howard Mezzick, white, age 14½ years. When 7 years old, he received a blow while in the stooping position, from the sharp edge of an ax, making a scalp wound 4 inches long, beginning 1 inch arterior to the occipital bone parallel with and over the sagittal suture. The child was unconscious for three days after the injury. The wound healed, leaving a depressed scar adherent to the depressed bone. No bad effects were noticed until March, 1888, when the boy began to have constant pain over the vertex of head, which increased on any mental or physical exertion, such as reading, studying, working or running.

In a few weeks he had his first epileptic attack. At first they were slight, without loss of consciousness, gradually increasing in number and severity, until at times he would have several in one day, marked with complete loss of consciousness. From these attacks his mind began to retrograde; he was unable to keep up with his classes, where formerly he had led them; comprehension slow.

He said unless some relief was given he would become an idiot in a short time.

The attack came on suddenly, without any premonition, showing by the scars on his head and face, received when he fell. On examination, the scar was found adherent to the bone, which latter was depressed in the median line, with more depression on left side. I advised operation, but the parents preferred to wait.

He returned July 26th for operation. On July 28th, when going under ether,

he had an epileptic attack, beginning with bilateral twitching in the hands, extending up the arms, and then becoming general. From this attack I determined to relieve pressure from both sides of the median line by taking away the bone; in that way motor centres around the Rolandic fissure would be freed from irritation.

An incision was made from the occipital bone 4 inches long, through the middle of scar. Another incision was made transversely across the former. The flaps were pinned back to better uncover the skull.

The depression in the bone was found $1\frac{1}{2}$ inches long, the centre of depression being $\frac{1}{2}$ inch, posterior to the middle point of the vertex.

A button of bone was removed from the left side of the depression. The dura was found abnormally adherent to the skull.

With a rongier all the depressed bone and also that to which the dura was abnormally adherent was taken away. The opening in the skull when finished measured 2 inches long by $1\frac{3}{4}$ inches wide. The dura was not opened, the centre of the trephined space being $\frac{1}{2}$ inch posterior to the vertex.

After bleeding was arrested, the flaps were brought together with silk sutures, sterilized gauze being applied. The boy never had a rise in temperature.

On the fourth day, dressing was removed and stitches taken out. The wound had healed by first intention.

Since the operation he has been free from headache, mind is clearer and brighter, can read and study without discomfort. He now attends to all former duties.

On September 10th, 1890, with the head uncovered, he ran against the end of a board, the corner of which struck him in the scar. This blow was sufficient to knock him down. A slight convulsive attack followed.

On September 29th, after a hard day's work in the field, he ran a long distance. Another slight attack followed. In both these seizures he did not lose consciousness.

Up to the present time, with the exception of the two mentioned attacks, he has been free from any of his former symptoms.

This case is interesting from the fact that over four years elapsed without showing any signs of trouble.

214 West Franklin Street.

HYSTERRORAPHY.

BY W. P. CHUNN, M. D.,

OF BALTIMORE.

L. C——, aged 27 years, not married, and had never been pregnant. First seen about three months ago in consultation with Dr. E. M. Wise, of this city. The patient had been bleeding persistently for six months, and previously for two years. The menstrual flow had lasted eight and ten days at a time. Upon examination the uterus was found enlarged and bound down posteriorly, and the ovaries were evidently enlarged and bound down, as they could be distinctly felt. Owing to the extreme tenderness it was impossible to fit a pessary. She was dilated, and the uterus scraped out, but the menorrhagia and metrorrhagia still kept up incessantly. Being unable to submit to a prolonged course of treatment it was decided to remove the ovaries in hopes of preventing the excessive hæmorrhage. This operation was done three weeks ago and both ovaries and tubes removed. Both ovaries were at least three or four times the normal size, and had to be enucleated. Both were decidedly cystic in character, and largely œdematous. In sewing up the abdominal incision, commencing at the end nearest the bladder, the first suture was carried directly through the top of the fundus of the ute-

rus, thus anteverting the uterus and bringing the fundous up against the abdominal wall. The rest of the incision was closed in the usual way. The patient was not seen until the sixth day, when the sutures were removed, with the exception of the uterus ligature, which was left in four days longer. The patient had no bad symptoms, and three weeks after the operation the uterus was firmly attached in front. The bleeding has ceased entirely.

In closing the discussion Dr. Chunn said that before alluding to the justfiability of the operation, he wished to mention one fact which led him to stitch up the uterus to the abdominal wall. It had been stated that the uterus always undergoes atrophy after the ovaries have been removed, but he had a short time ago examined a patient where aphorectomy had been done two years before, where the uterus had been left retroverted and hyperplastic. At the present time this patient has the same bound down, retroverted, enlarged, heavy uterus, and consequently suffers in proportion. This would seem to show that it was the real position that kept up the enlargement. As for the justifiability of the operation the woman could largely determine that for herself. Let the surgeon tell his patient honestly, not only the percentage that recover from the operation, but the percentage of patients permanently cured by it. In this way the woman could arrive at a pretty correct decission herself. Of course the woman in this particular case was already sterile. If she had had the time and means, pessaries, applications, tampons, &c., might have been tried, but in consequence of not possessing these advantages such temporising was impossible. In a certain class of cases menorrhagia and metrorrhagia is a direct effect of disease of the ovaries and Fallopian tubes, and the only means to prevent the symptoms, is to go at once to the seat of the trouble.

A CASE OF EXTRA-UTERINE FŒTATION.

BY RANDOLPH WINSLOW, M. A., M. D.

Professor of Surgery in the Woman's Medical College of Baltimore, etc.

Whilst physicians have been aware for many years that pregnancy occasionally occurred outside the uterine cavity, it is only within the past decade that universal attention has been attracted to the subject. At the present time, the clinical history and treatment of ectopic fœtation are well understood, and observers and operators in all parts of the world are adding daily to our knowledge of this most important condition. The signs of extra-uterine pregnancy are frequently quite typical, and easily lead to a correct diagnosis, but not unfrequently the symptoms are either entirely absent, or present very great variations from those which are generally found. In this short report I will not undertake to bring to your notice more than a brief outline of the usual history of ectopic gestation. One of the most characteristic features of this history is that the disaster usually happens to women who have been a long time sterile, or who have not borne a child for a number of years, and this is especially likely to be the case in those who have suffered from disease of the uterus, or of the uterine appendages. The symptoms vary with the period of the pregnancy, and especially as regards the occurrence or non-occurrence of rupture of the gestation sac. In the earliest periods there will probably be the usual signs of pregnancy, suppression of the menses, enlargment of the breasts, morning sickness, etc., and the patient will consider herself enciente. There may be pelvic pain and distress, but in many cases there will be nothing to call especial attention to the abnormal condition. After a variable length of time, uterine hæmorrhages usually occur, and with the discharges, decidual membranes from the cavity of the uterus will be found, violent pains

are also likely to occur at this time, and the patient, (and in many cases the physician) supposes that a miscarriage has taken place. The bleeding may be continuous or may occur irregularly. If the patient is examined early, before the rupture of the sac, the uterus may be found displaced, and a rounded or oval elastic and perhaps fluctuating sac in close proximity to, but seperate from, the uterus will be found. At from ten to fourteen weeks violent pains are likely to set in, and collapse to occur, with the usual symptoms of internal hæmorrhage, viz: rapid and feeble pulse, cold surface, pinched features, etc., and in some cases death within a few hours. In other cases the collapse is gradually recovered from, and the patient survives, sometimes to pass through the same sufferings at one or more times, perhaps terminating fatally, or the pregnancy may continue, and go on to full term, when usually a spurious labor ensues.

Extra-uterine pregnancy usually has its seat in one or the other fallopian tube, though it is possible for an ovarian pregnancy to occur. As the fallopian tube becomes expanded, its walls are weakened, and finally rupture occurs, generally in from two and a-half to three months. When the tube ruptures at its free portion where it is covered by peritoneum, the fœtus escapes into the peritoneal cavity, and if the patient survives, is digested by the peritoneum and disappears. It is in these cases, however, that free bleeding occurs, which is not apt to coagulate and cause its own arrest, hence, maternal death frequently is the result. When the tube ruptures between the folds of the broad ligament, the fœtus does not necessarily perish, but may go on developing, nor is this condition nearly as dangerous to the mother. After rupture of the sac a large mass will be discovered in the pelvis, displacing the uterus, and it may be interfering with the functions of the bladder and rectum. Amongst the signs of extra-uterine pregnancy, stress is laid by some on pulsation of the vaginal vault at the seat of the sac, and this condition was present in the case which I will narrate. As to treatment, in my opinion removal of the sac and its contents by laparotomy and thorough cleansing of the pelvic cavity is the proper mode of procedure.

Case. A B., white, unmarried, aged 25, was admitted into the surgical wards at Bay View on Sept. 19, 1890. One year ago she was also an inmate, and complained of back ache, abdominal distension, etc; and asked to have her ovaries removed, but a careful examination failed to show any reason for complying with her request, and she left the institution and according to her own account went to work, at which she continued until one week before admission. She had a child 6 years ago, and has not thought herself pregnant since. Five weeks before admission she was taken with bleeding, and did not notice the passage of any membranes. One week before admission she was attacked with severe abdominal pains, which compelled her to remain in bed from Friday to Monday. She was certain that she was not pregnant, but the fact was elicited that there was five weeks interval between her last period and the uterine hæmorrhage which she supposed to be a delayed menstruation. Morning sickness had been absent. When first seen by me she was in bed with a quick and rather feeble pulse and considerable fever. She was fat and well developed but very anæmic. A vaginal examination revealed the uterus to be somewhat displaced by a large mass, apparently the size of a fist, on the left side of the pelvis, whilst a smaller mass could be felt to the right of the uterus. The examination was not particularly painful. The vaginal vault pulsated distinctly and it was this symptom, together with the ovoidal mass and peculiar feel, which caused me to suspect an extra-uterine pregnancy and to make careful inquiries into her history. The breasts were inspected; they were not enlarged, contained no milk and the areolæ around the nipples were

not discolored, but the glands in the areolæ were slightly enlarged. I expressed at the time a suspicion of ectopic fœtation, and decided to open the abdomen. On Sept. 22, 1890, the patient having been antiseptically prepared, and etherized, laparotomy was performed. Just before beginning the incision I remarked to those present that the case was one in which I suspected an extra-uterine pregnancy. The evening temperature I may say, was 102° the night previous to, and 100° on the morning of the operation.

Upon opening the peritoneal cavity dark blood welled out, the omentum was found to be adherent to the pelvic organs and structures in such a manner as to form a roof to the pelvis, its margins were inflamed, covered with clots and fibrine, and a considerable portion required to be tied and cut off. The pelvis was filled with dark blood and clots, one mass of clot nearly as large as a base ball, filling up Douglass' pouch, and on the left side, a sac was felt in the Fallopian tube, which was after some difficulty enucleated from its surroundings and brought to the surface, ligated and cut off. No foetus was found. About three gallons of hot boiled water was passed into the peritoneal cavity, which was thoroughly cleansed, a drainage tube inserted and the incision closed. About 3ix of discharge was withdrawn from the tube in the first 24 hours, and when it ceased the tube was removed. The stitches were removed about the 10th day and the incision was found healed. The temperature continued rather high, but the patient rapidly gained in strength and spirits, and eventually recovered.

The specimen was kindly examined by Prof. W. H. Welch, who writes that "portions of tissue removed from the inner surface of the sac, show perfectly typical and unmistakable branching club-shaped chorion villi. The specimen is one of pure tubal pregnancy."

The point to which I especially wish to call attention is the almost total absence of those symptoms which are suggestive of pregnancy, such as suppression of the menses, discoloration of the breasts, morning sickness, and milk in the breasts. It is true that her courses were delayed one week, but as a uterine bleeding occurred then, the girl did not think that she was pregnant. About nine weeks after her last regular period she was taken with severe pain, which was probably the time at which the tubal sac ruptured. This is rather earlier than usual for rupture to occur, the ordinary time being about ten to twelve weeks. This woman had not been pregnant for six years, and it is probable that she had suffered from some tubal inflammation, which had damaged the mucous membrane of the fallopian tube, and thus afforded a favorable location for an ectopic pregnancy. The occurrence of extra-uterine fœtation in sterile women, or in those who have not had child for a long time is noteworthy.

ECTOPIC PREGNANCY, WITH REPORT OF TWO CASES.*

BY HENRY BANGA, M. D.,
OF CHICAGO.

On June 23rd, 1890, a lady called at my office complaining of bloatedness, backache and constipation. She gave her age as 27, was of American birth, had enjoyed perfect health up to her marriage four years ago; pregnant once, three years ago, labor at full term, normal. Right after she got up from confinement she had ulceration of the womb, for which she was treated over a year in Milwaukee. It is an exacerbation of this womb trouble (she thinks), that now compels her to consult a physician. Upon examination I found the cervix neither lacerated nor ulcerated. In the region of the right ovary there was a painful swelling; a thorough examination, however, was impossible, on account of the tenseness of the abdominal walls.

*Read before the Gynecological Society of Chicago, Sept. 29, 1890.

I told the patient that part of her complaint was no doubt due to constipation, and that I would first try to relieve this and pay more attention to the womb later; I prescribed accordingly. About a week later, on the 30th of June, she again called at the office on account of constipation and intense bearing-down pains. I again examined and found the uterus decidedly soft and doughy; the swelling on the right side of the womb seemed also somewhat easier to be felt. I told the patient I thought she was pregnant, and the bearing-down pains might indicate a miscarriage. She repudiated the idea, as she noticed no subjective symptoms of pregnaney, and as she had always been regular with her periods. She had menstruated last on the 7th of June, and expected surely to menstruate again on the 7th of July.

On July 3rd I was called to the patient's house. She suffered excruciating pains, beginning in the lower part of the abdomen and radiating down the thighs; the pains were steady and there were no intermittent, labor-like pains. Enemata opened the bowels, but did not remove the pains, which were only controlled by morphia. There was no nausea, no fever; appetite wonderfully good. In this way she passed a miserable time up to the 7th of July, the date of the next expected menstrual period. For the first time in three years the menstrual flow failed to appear. On the 12th, however, there was a show, and on the 13th she flowed quite freely. Meanwhile I had made up my mind that she was undoubtedly pregnant; and in order to satisfy myself as to what had become of the swelling on the right side, I examined on the 14th. There was no doubt that it had decidedly increased and had pushed the uterus over to the left and somewhat forward. It was exceedingly painful. To all appearances I had to deal with a case of extra-uterine pregnancy. I thus informed the husband, and we decided to call Dr. Jaggard in consultation.

On the 18th we examined the patient under chloroform, and found the uterus enlarged, especially so in its antero-posterior diameter, pushed forward, and somewhat to the left. The cervix had the soft, doughy touch characteristic of pregnancy. To the right of the uterus, in a somewhat downward and backward direction, an elastic tumor of the size of a child's fist was felt. Between the uterus and tumor there was room enough to put in a finger. Dr. Jaggard confirmed my diagnosis and also concurred with me in recommending immediate operation. This I did at the Michael Reese Hospital, Dr. Jaggard being present, on the 25th of July.

After opening the abdomen the bowels appeared slightly stained with blood serum. Pushing these back, the whole situation could be taken in at a glance. Having introduced a colpeurynter into the rectum (as I am in the habit of doing, in order to lift up smaller tumors situated deep down in the pelvis), I at once reached the tumor. There was, to the left, the uterus, twice its normal size and very turgescent. The left tube, very much hypertrophied, as thick as the index, exhibited large veins. The right tube was still larger; its middle part especially showed an immense hypertrophy of its muscular elements, which spread like a fan over a tumor. The latter was of the size of a child's fist; it was glued by soft attachments to the uterus, the rectum, small intestines, cecum, and right side of pelvis. These adhesions were so loose that they easily broke down under the finger. Very little hæmorrhage followed. After thus freeing the bulk of the tumor a pedicle was easily formed. I first ligated the uterine end of the tube, then I secured, by three linked ligatures, the fimbriated end of the tube and part of the broad ligament, including also the ovary. After removing the tumor there was an annoying oozing from a separated adhesion to the rectum, so much so that I decided to use a tobacco bag tampon with iodoform gauze, after Mikulciz. The patient rallied very readily from the operation. There was con-

siderable bloody discharge through the tampon during the first two days. The tampon was removed on the sixth day. For a number of days the temperature rose to 101° in the evening, which elevation was due to the iodoform, as was clearly demonstrated by the prompt return of normal temperature as soon as we began using oxide of zinc and later on balsam of Peru. There is still (on October 26th), a small fistula left, at the bottom of which I think a ligature keeps up a little discharge;* otherwise the patient is well. She began menstruating, the first time after the operation, on September 18th.

Examination of the specimen showed that it was a case of tubal pregnancy. The ovisac proper was situated in the middle of the tube, while the upper wall of the tube—*i. e.*, the part next to the anterior abdominal wall—showed immense hypertrophy of its muscular fibres (they were as large as bundles of a strong biceps). The opposite side of the tube was thinned out so much that it seemed as though the ovum was ready to break through, out of the tube, into the cul-de-sac of Douglas. The amnion was intact; it contained about an ounce of fluid, and the fetus well differentiated and apparently about five weeks old. The ovary, which was removed together with the tubes, contained a cyst of the size of a small apple, being filled with a chocolate-colored, thin fluid.

Shortly after the preceding case had left the hospital another one was brought in, of which the house physician, Dr. M. Goodkind, has furnished me with the following history:

Patient æt. 40, menstruated at 14; menstruation every four weeks up to five years ago, when the flow became irregular, sometimes occurring twice a month; generally lasts seven days, without pain and of fair quantity. Patient menstruated last, three months ago (May 20th). Married seventeen years; three confinements, all full term, normal labors; eldest child 13 years old, youngest 5. Six weeks ago (July 16th), while washing, she experienced sudden and excruciating pains in neighborhood of genitals, causing unconsciousness, which persisted for an hour. When she emerged from this condition she described sensations of vertigo, tinnitus aurium, pain, dyspnea, and utter prostration, causing such intense distress that she became quite incapable of any exertion, and took to bed. Accompanying these symptoms she had alternating chills and fever, anorexia, nausea and vomiting. A week after she began to menstruate slightly, and has done so to date. These various symptoms caused a rapid deterioration in health, and on August 27th she entered M. R. Hospital.

Status presens: Patient of strong build, but extremely anemic; has a haggard and careworn expression. She suffers with intense bearing-down pains. Abdomen presents a symmetrical enlargement extending from the symphysis to one inch below the umbilicus, of fairly hard, elastic consistence. No fetal sounds.

By bimanual exploration we found the cervix pushed up behind the symphysis by a round-shaped tumor resembling a small head descending down upon the floor of the pelvis. It was impossible to properly locate the fundus uteri, its outlines being lost in the tumor, which extended from the posterior cul-de-sac along the region of the left broad ligament to within an inch below the umbilicus. It seemed to fluctuate, and, in fact, to present all the symptoms of a hematocele. I inserted an aspirator needle, but did not get any fluid. The following days the patient had a little fever, the temperature ranging in the evening between 100° and 102°; the pains were controlled by morphia, but the tumor seemed to rather increase, causing retention of the urine, necessitating frequent use of the catheter. I deemed it necessary to do something radical to relieve the patient, and so I decided upon laparotomy. Our junior gynecologist, Dr. Frankenthal, agreed with me in the diagnosis—hematocele, probably caused by the bursting of an

*November 11th, ligature extracted through fistula.

ectopic ovisac. September 4th was set for the operation.

After opening the abdomen the omentum and bowels appeared tinged with a peculiar yellowish-brown color, which revealed at once the bloody nature of the tumor. The tumor lay hidden under the small intestines, which were easily loosened with the finger and pushed back with a sponge, so that the apex of the tumor was brought to view. After sponge-packing all around it, in order to protect the abdominal cavity against an overflow of possibly poisonous liquid, I first tried to aspirate; but failing to get any fluid, I cut into it with a knife, making an incision wide enough to admit a half hand. It contained black, semi-coagulated blood, which I scooped out with the hand. Thus far I thought I had to deal with a simple hematocele, and that the uterus lay pushed over to the left side. While manipulating to get the last coagula out I loosened what I considered to be the womb; it proved to be a hard, solid coagulum, which was hanging attached to a few loose shreds from the left horn of the uterus. The uterus proper I found in the median line and of normal size. After thoroughly cleansing the abdomen and the sac, I stitched the latter to the peritoneum and packed it with iodoform gauze. The patient rallied nicely from the operation. On the second day, however, the temperature went up to 103°, the abdomen became tympanic, pulse weak, 130. Gases had failed to pass so far, in spite of laxatives, rectal tube, and turpentine enamata. We really thought the patient in great danger of beginning peritonitis, and in order to give her a chance we took her at 9 o'clock in the evening to the operating room, in order to relieve a possible retention of the wound secretions. While she was on the table, and before I had done any mischief to the wound, the first flatus passed *coram publico*. From that time on she began to feel better. She is still in our ward and has no fever; the wound discharges very little, and is becoming smaller from day to day.

In this case tubal pregnancy had occurred, the ovisac burst, first causing hæmato-salpinx, then hæmatoma of the broad ligament, finally tearing and disintegrating the whole tube, the remnants of which were hanging down in shreds from the left cornu uteri. Later on there was renewed hæmorrhage into the pouch of Douglas, causing hæmatocele. The sac, which I stitched to the abdominal incision, was organized blood, not peritoneum. The original ovisac, represented by the hard coagulum covered with villi, lay inside of the hæmatocele.

I now wish to add a few general remarks:

1. *Diagnosis of Ectopic Pregnancy.*—It must be easy to make a correct diagnosis after the fourth month and before rupture of the sac, because we feel the living fœtus or hear the heart sounds. Before the fourth month there might sometimes be a doubt left, especially if the physician sees the patient perhaps only once, or if he be unable to get an intelligent history. Besides the well-known and generally accepted signs of pregnancy (subjective and objective ones), I would derive the most valuable help, in making a diagnosis, from a close history. There will always be some *irregularity* in the menstrual flow—either cessation or too early recurrence of the periods—while formerly the menstruation has been regular. This irregularity resembles very closely the flow in a case of abortion. Another valuable symptom will be intense, excruciating bearing-down pains, mostly one-sided. These are not labor-like pains, but are more steady. They are no doubt caused by distention of the tube, due to the rapid growth of the tumor. If we add to this the objective symptoms—the enlargement of the uterus, that characteristic doughy touch of the cervix, the presence of a gradually increasing tumor somewhere in the region of the broad ligament—then I think there should be sufficient reason to warrant the diagnosis of ectopic pregnancy. My first patient illustrates this symptomatology most conclusively. She is a

woman who has always menstruated regularly to the day. Fourteen days after her last menstruation she begins to experience intense bearing-down pains, starting in the right hypogastric region; then, for the first time in three years, she goes over her time six day; then a free flow sets in for ten days, shreds of decidua pass. With all that, there is no fever, and no other cause to explain the pain. By digital exploration we find an enlarged uterus giving that characteristic doughy feel of pregnancy, together with a steadily increasing tumor situated near the womb in the region of the broad ligament. There was, however, one classical symptom of pregnancy wanting, namely, the patient herself had not the slightest idea of being a gravida.

Now, how about the diagnosis of rupture of the ovisac? Those cases constitute two different classes, namely: (*a*), Rupture causes acute internal hæmorrhage. Now, since there is hardly any other trouble but ectopic pregnancy causing internal hæmorrhage, we may diagnose it at once if a patient shows the well known symptoms of acute internal hæmorrhage. (*b*), Rupture causes peritonitis, sepsis. If a patient had not been under observation before the accident, it might often be impossible to differentiate a ruptured ovisac from a ruptured pyo-salpinx, ovarian cyst, or the like. About hæmatocele see further on.

2. *Anatomy.*—You know that Lawson Tait claims that the different varieties of ectopic pregnancy described in the text books are mere theoretical classifications, and that all cases are originally tubal, becoming ovarian, interstitial, or abdominal only after rupture of the tube and migration of the ovum to a new resting place. The simplicity of this theory recommends it. All recently published cases were tubal pregnancies, as were the two cases related this evening. The first case also clearly demonstrates by the thinning out of the tube, the possibility of an ovum slipping out of such an opening.

3. *Frequency.*—Late publications go to show that ectopic pregnancy occurs much more frequently than we have generally thought, a great number of cases of so-called *hæmatocele retro-uterina* and hæmatoma of the broad ligament being nothing but cases of ruptured ectopic pregnancy. Martin, Olshausen (of Berlin) have described many such cases. Sure enough, they never found the fœtus, but were able in every instance to demonstrate the true nature of the disorder by the presence of decidua cells. Orthmann (who published Martin's cases) says that if in a hæmatocele we find an organized, well-defined coagulum, we may feel sure that this coagulum was originally an ovisac. Upon its microscopical examination we find villi or decidua cells. Our second case wonderfully corroborates this statement. *In situ* yet of the torn and bursted left tube, and surrounded by the semi-coagulated blood accumulated in the hæmatocele sac, we found a coagulum of the size of an apple, being covered with villi and enclosing the shrunken remnants of an otherwise well-differentiated fœtus.

4. *Predisposition to Ectopic Pregnancy.*—It is worth while to repeat here that the first patient had been ailing for years (after her first confinement), with pains in the right ovarian region, and that an ovarian cyst of the size of a small apple, containing thin, chocolate-colored fluid, was removed together with the ovisac, right ovary and tube.

5. *Treatment.*—There is hardly any possible difference of opinion about what to do if a physician is called to treat a patient showing the symptoms of a bursted ectopic ovisac. We have, of course, to perform laparotomy at once—in the one case to stop an otherwise fatal hæmorrhage; in the other case to remove decomposed matter which, if left in the abdominal cavity, will undoubtedly set up fatal peritonitis. (See also the remarks about hæmatocele.) What shall we do with a case where the sac is still intact? Let us first ask what will become of the patient if left to her fate. The sac might burst at any time, thus giving the patient a chance to die either

from hæmorrhage or from sepsis; or if she should escape both, and the fœtus undergo mummification (lithopedion), she might, after years of suffering, see the fœtus make its way out of the abdomen by perforating bladder, vagina and rectum. Such being the case, I think the best way to deal with any case of uterine pregnancy *is to extirpate the ovisac as soon as the diagnosis is made.* For, even if we succeed in killing the fœtus by electricity, aspiration, or injection of morphine, we are by no means sure that no sepsis or hæmorrhage will follow, or that, years after, a lithopedion will not cause trouble, necessitating an operation.

In an early month the operation will amount to nothing more but a laparotomy for a small ovarian tumor or salpingitis.

Thomas has warmly advocated the use of electricity, not only with a view to killing the fœtus and waiting for its resorption, but also with a view to arresting placental circulation, thereby minimizing the danger from hæmorrhage in a subsequent laparotomy. This would seem a very good plan if the action of electricity were sure; but since it is not, it seems more rational to operate at once and not allow the placental circulation to increase by a delay due to futile efforts to arrest it. In my first case, Dr. Jaggard and I discussed the propriety of a trial with electricity, but we decided to gain time over an increase of the placental circulation by immediate operation, and we really had no difficulty in controlling hæmorrhage.

However, as gestation progresses the danger from hæmorrhage increases. There being no contractile tissue to stop the gush of blood issuing from the placental insertion, it is of the greatest importance not to disturb the placenta. In such a more advanced stage of ectopic gestation where rupture occurs less frequently, I would try Thomas' plan with electricity as the first preparatory step to a later laparotomy. In case pregnancy, for some reason or another, has been allowed to go on to near full term, the child has also some claim for consideration. Here, in order to save a viable child, we might put off laparotomy until labor begins, being ready, however, to operate at any time if symptoms of rupture of the sac should demand it. The safest way to treat with the placenta in such a case seems to be not to attempt to detach it, but stitch the sac to the abdominal wound, pack with iodoform gauze, and wait for spontaneous looseing of the after-birth.

In the case of hæmatocele the proper treatment would be to first wait for natural resorption of the bloody effusion; second, aspiration; third, opening through the pouch of Douglas, if the tumor does not reach high enough to allow it to be sewed to the abdominal walls; fourth, laparatomy, if the tumor touches the anterior wall of the abdomen. Laparatomy seems the most rational precedure, because it allows us to properly locate the extent and surrounding parts of the hæmatocele. Whenever incision is resorted to, the opening should be made wide enough to get all the coagula out. In the last case I doubt whether it would have been possible to get the large coagulum out through the vaginal opening.

"School-Life in Relation to Growth and Health" is the title of a paper by Prof. Axel Key, of Stockholm, published in the November Popular Science Monthly. Professor Key maintains that the studies of children, as now ordered, do not allow enough time for rest and growth, and urges a reform in this respect.

Dr. Grace Davenport, one of the few women physicians of Texas, was recently appointed first assistant of the insane asylum at Terrell, in that State.

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BALTIMORE, JANUARY 10, 1891.

Editorial.

THE MEDICAL SCHOOLS AND THE NATIONAL ASSOCIATION.

A few years ago, impressed with the deplorable state of Medical education in the city, and the low standard required for graduation, Dr. E. F. Cordell instituted a movement in the direction of reform. This movement was enthusiastically received by the profession at large, and the paper circulated by the doctor received the signatures of many of the most influential men in the profession. The members of the different schools were not behind the rest of the profession in their advocacy of improved methods and a higher standard. The immediate result of the movement was the holding of a conference of the medical schools with the avowed intention of putting the matter in practical form, and adopting measures looking to the ends in view. When the conference assembled, however, the position was taken that it would be inexpedient for a single medical centre like Baltimore to take such high ground, while surrounding and competing cities still maintained their old standard. It was thought that it would be much better to try and make the reform a national one, and extend its influence as widely as possible. In accordance with this view a call was issued to the medical colleges at large to hold a convention at Nashville, during the last meeting of the American Medical Association. A certain number of colleges responded to the call, an organization was effected, rules were adopted, and the proposed reform put into practical shape. We took great pleasure in presenting, in our last issue, the communication of the Secretary of the national organization, in which are set forth the requirements for admission to the league.

. . . .

It appears from the communication referred to above that many schools, even those represented at the conference at which the movement began, have not yet sent in their formal application for membership, or shown any definite intention of doing so. At the present showing, therefore the affair rests in the rather amusing condition of having grown somewhat beyond the original proportions intended by those who started it. It is to be hoped that this state of affairs will not continue, and that our schools will soon give in their formal adhesion to the

reform. If they do not, how shall we interpret their action? It will be pertinent to inquire whether the schools represented in the original conference were in earnest when they proposed, that what was started as a local reform should be extended to the country at large, or whether there was not more or less buncombe in the proposition. It may be that the National Committee has carried the matter, especially in the way of requirements for admission to medical schools, too far; but if such be the case, it is a matter which can be corrected in the future, and not a sufficient excuse for the Baltimore schools staying out of the league. But even if the Baltimore schools give in their adhesion, will the others who are yet to be heard from, do the same? Is it possible by the method proposed by the National Association, to effect the reform so obviously needed? We wish the movement every success, and are willing to help it in any possible way, but we cannot forget that medical schools, and especially unendowed ones, are composed of human material, and that they must earn their living by the sweat of their brows. This means competition, and competition with no inspection of the work done, means disaster to those who are honest enough to adhere to the basis agreed upon.

. . . .

It is well known that laws which aim at a higher state of morality than exists in the community where they are in effect, habitually fall into "innocuous desuetude." Prohibitory laws in a drinking community are evaded or openly set at naught. As long as the out-put of the medical colleges is up to the standard of the profession of which the graduates become members, there is no use in trying to make matters better by persuading the colleges to improve their courses, and raise their standards of graduation. When a community becomes convinced of the necessity of certain acquirements in those who are to take charge of matters pertaining to the public weal, laws are passed bearing on the subject. Instance, the rigid inspection laws on the subject of steam boilers, plumbing, &c. When the medical profession of this community, which naturally controls public opinion in such matters, becomes convinced that a man ought to be properly educated in medicine in order to fit him for association with themselves, it will take the matter in hand and cause the passage of laws that will put it in the position to make selections through the medium of a proper State examination. Our brethren in Virginia and North Carolina have taken this plan, and as a consequence have had the pick of the young men who study medicine, with which to replenish their ranks as death or retirement thins them. Those who cannot pass the examinations set for them, must take up some other occupation more suited to their talents, or else emigrate to Maryland, where State boards are unknown, and ignorance and incompetency may be covered with a Latin diploma as with a mantel. The reports of the Examining boards in the states which are fortunate enough to possess them, show what manner of work the medical colleges do. One sees, at a glance, that all the graduates of this or that college pass, while a considerable proportion of those of some less careful competitor fail. This furnishes the most reliable college advertisement possible. It, in fact, puts the medical colleges under the surveillance of the profession, and compels them to bring

their work up to the standard required. While, therefore, as stated above, we are willing to lend a helpful hand to any reasonable scheme which has for its object the improvement of the medical profession, we are convinced that the ultimate solution of the question lies in the establishment of State board examinations.

SOME DISORDERS OF THE BORDER-LAND OF SLEEP.

But little is written upon this interesting subject, yet careful questioning of observant patients would doubtless reveal, even to the general practitioner, most valuable facts concerning the aberrant phenomena of this stage of partial unconsciousness.

In the *Trans. Asso. Amer. Physic,* 1890, Dr. Weir Mitchell gives a most entertaining description of several of these transitory sensations, some of which were observed in his own practice, and first made known to the medical public through his own writings.

SLEEP-PTOSIS.

Of this condition he can find no mention in literature. The patient wakens with palsied eye-lids; if lifted, the lids fall again and close the eyes. This state may last for a few minutes or for a longer time. Sometimes, before it has passed away he falls asleep again, and when he awakes in the morning it may be present again or he may be free from it. (The word "he" is used as a matter of convenience only, for the majority of the patients seem to have been women). Several cases are quoted from his own or other doctors' practice. A woman of 65 years, in good health, and not hysterical, who had slight conjunctivitis and immature cataract of both eyes, found that when she had read much in the evening she would wake in the night unable to open her eyes without the aid of her fingers; when thus opened, she could voluntarily open and shut them until she slept again, but on waking again the same trouble occurred. Another woman, a widow of 29 years. missing her husband greatly, wakened often in the night, unable to lift her eyelids without the aid of her fingers. The lids fell flaccid when she took her fingers away. A second marriage cured this and other nervous troubles. In a third case the ptosis occurred in a notional woman of 67 years, who was wakened for many nights between 12 and 2 o'clock, by an apparent spasm of the eye-lids. It never occurred in the day time.

RESPIRATORY FAILURE IN SLEEP.

Dr. Mitchell believes that Dr. Jackson wrote an article upon this subject, but he has been unable to find it, and apparently no other person has described the condition, which is one of great interest. It must not be confused with hysterical suffocative sensations nor with nightmare. It is met with in cases of extreme neurasthenia and of locomotor ataxia in its paralytic stage.

It is a grave symptom in some instances, especially in the cases of locomotor ataxia, where it may be due to sudden incompetence of laryngeal muscles, although in most cases it seems to be an indication of failure of the chest and diaghragmatic movements. Apparently, in patients subject to it, there is just enough vigor

of the lower automatic respiratory centres to secure proper breathing while the higher voluntary centres are aiding and stimulating them, but when the latter fall asleep, respiration gradually fails and the patient wakes with a sense of impending suffocation.

Dr. Mitchell has seen three or four cases. In one, a man of 56 years, suffering with posterior sclerosis far advanced into the paralytic state, breathed well enough during his waking hours, when in deep sleep, however, he would breathe less and less deeply, until after a few seconds of complete cessation of respiration apnœa would set in, with its characteristic symptoms in the color of the lips, tongue and nails. (It seems that this is rather a peculiar form of dyspnœa than a form of apnœa). The patient would now wake up, and with a few voluntary efforts to respire, become comfortable again. The attacks, however, gained gradually in severity. A nurse sitting by his bed would wake him if his respiration became feeble during sleep. After a time respiration would cease as soon as he fell asleep, and he finally died in one of these periods of respiratory failure.

Another patient with ataxia, which had not yet led to paralysis, would, just as he was falling to sleep, feel suffocated, cease to respire and sit up in great alarm.

These phonomena are quite different from those of Cheyne-Stokes respiration.

Reviews, Books and Pamphlets.

Antisepsis and Asepsis Before and After Major Gynecological Operations. By Howard A. Kelly, M. D., Professor of Gynæcology in the Johns Hopkins University.

An abstract of this paper appeared in our last issue. Reprint.

Removal of Tonsillar Hypertrophy, by Electro Cautery Dissection. By Edwin Pynchon, M. D. Reprinted from the Journal of the American Medical Association, Nov. 22, 1890.

Refrigerators and Food Preservation in Foreign Countries.

Reports from consuls of the United States on the use of refrigerators and natural and manufactured ice, for the preservation of food in their several districts, in answer to a circular from the Department of State. This report containing over 200 pages, with many illustrations, is well worthy the perusal of those interested in the subject, but as a rule the methods used in other countries differ very little from those used in this country. The dry air current refrigerator is mentioned only in a few places.

A Compend of Diseases of Children. Especially adapted for the Use of Medical Students. By Marcus P. Hatfield, A. M., M. D., Philadelphia. P. Blakiston, Son & Co.

This compend being the 14th of "Quiz Compends," hardly needs any recommendation. It is mainly founded upon the excellent "Compendium der Kinderkrankheiten," by Dr. Ernst Korman and other good authorities. It gives reliable information in the most condensed form, and cannot fail to be a great help to the student.

The Physician's Hand-book for 1891, by Albert J. Elmer, M. D.

This little hand-book, indispensible to the physician, is gotten up in the usual good style of the well-known publishers, G. P. Putnam Sons. It contains over 130 pages of matter for ready reference, which is easily found, as it is alphabetically arranged. The diary is well ar-

ranged, and one can quickly record any occurrenee in practice, and have an easy oversight of the work done.

Medical Progress.

TREATMENT BY SUSPENSION.

Little seems now to be written or said regarding this method of treatment in this country. On the Continent, however, it is still used, but apparently its sphere is being gradually narrowed. In the *Deutsche Med. Wochenschrift*, 1860, No. 37, Rosenbaum gives the results observed in a series of cases seen at Mendel's clinic in Berlin. Of sixty cases which had a full course of treatment, there were twenty-five which improved. The improvement was most marked as regarded ability to stand and walk; the pains were lessened in frequency, but not abolished; incontinence of urine was temporarily improved in some cases, but it is not claimed to have been cured in any. As to improvement in the acuteness of vision in cases where the sight was affected, nothing very definite seems to be experienced. It is to be noted that the cases in which improvement is said to have taken place are all cases of locomotor ataxy. The author is not enthusiastic as to the efficacy of suspension, but thinks it might be tried, and is of opinion that in estimating its value from the therapeutic point of view allowance must be made for the very considerable mental effect produced on the patient.—*Lancet.*

LAPAROTOMY IN A CASE OF PERFORATING ULCER OF THE STOMACH

At a recent meeting of the Sociètè Anatomique of Paris, M. Hèlary, of the St. Antoine Hospital, presented a specimen taken from a case of suppurative peritonitis due to a perforating gastric ulcer, in which no symptoms of such affection of the stomach had been observed during life (*Bulletins de la Sociètè Anatomique de Paris*, Octobre, Fascicule, No. 17). Laparotomy had been performed by M. Walther, who, after a description of the case by M. Hèlary, directed attention to the most prominent points of interest. The patient, a young women, aged 17, had, three days before admission, been suddenly seized, without any apparent cause, with symptoms of acute diffused peritonitis. The extreme distension of the abdomen prevented a satisfactory exploration; but vaginal examination together with abdominal palpation, enabled M. Walther, to determine the existence of a collection of fluid in the left side of the pelvis. Notwithstanding the unfavorable condition of the patient, laparotomy was at once performed. The pelvic cavity contained a great quantity of purulent fluid, and the surface of the intestines was covered by thick and adherent false membrane. The uterus and its appendages were quite sound. A large accumulation of pus around the cæcum seemed to indicate a perforation in this portion of the intestinal canal. The appendix vermiformis was removed, but on subsequent examination no trace of perforation could be seen. The lesions were much less severe in the upper part of the abdominal cavity, the purulent exudation being less abundant there. The peritoneal cavity was washed out very freely with boiled water. The patient died eight hours after the operation. At the necropsy it was found that the starting point of the peritonitis had been a perforating ulcer in the anterior wall of the stomach. In the epigastric region, however, and around the seat of the perforation, there was no collection of pus, and no false membrane, but simply slight recent adhesion between the front of the stomach and the liver, and adjacent loops of intestine. The localization of the most severe lesions in the pelvis and the lower part of the abdomen was doubtless due to an immediate descent of the contents of the stomach into the pelvis at the time of the perforation. The simple

passage of the effused material had caused merely an adhesive form of peritonitis, whilst its stagnation below had set up the snppurative and more intense form of inflammation. M. Walther refered to another case of similar clinical history under his own care, and pointed out the importance of these two cases from a diagnostic point of view. Each proved the impossibility of recognizing at the bedside the origin of such a morbid condition, and particularly the difficulty of determining the starting point of the inflammation even in the course of a laparotomy. It was held to be very improbable that under like circumstances any surgeon would, after having cleared away large purulent collections in the lower part of the abdomen, venture to explore the region above the umbilicus, and to break down adhesions which might seem well adapted to protect the superior zone of the peritoneal cavity.—*British Medical Journal.*

CHLORAL ANTIPYRINES.

Professor G. Sèe recently made experiments in his clinicand laboratory with this combination. He has two preparations; one is antipyrine monochloral, the other bichloral antipyrine, the latter being more soluble.

From his experiments on animals he comes to the following conclusions. 1st, That the action of those combinations is less depressing to the heart than chloral alone. 2nd, It posesses hypnotic action, and in large doses anæshesia with abolition of the reflex is produced. 3rd. The hypnotic action is always preceeding anæsthesia. 4th. Toxic doses cause death by arresting respiration, and stoping the hearts action. 5th, Large doses do not produce the convulsions observed in the administration of antipyrine, the chloral here disguises the action of the antipyrine. 6th. After the first injection respiration becomes superficial, but after continued injections become accelerated, then lesiens, becomes abdominal and is finally arrested during expiration. 7th. The heart after each injection become slower, with lessened arterial tension, then there is a stage of irregular cardial action which disappears at the moment of sleep.

But on increasing the remedy, systolic contraction is diminished, and the heart finally stops in diastole.

The clinical experience with these agents is limited and rather contradictory opinions are expressed, but M. Bardet who first clinically studied the action of monochloral antipyrine, says that in all cases where he used this remedy, sleep was produced easier and more rapidly than with chloral, and that with smaller doses, only one grain being always sufficient to produce calm sleep for many hours. Prolonged administration is apt to cause gastric irritation.

ON MUSCULAR FATIGUE.

Two important researches on muscular fatigue by Professor Mosso, of Turin (*Du Bois-Reymond's Arch.*, 1890, Heft 1-2, p. 89) and some of his pupils have been made on man by means of a specially constructed instrument, the ergograph. The apparatus is so arranged that the forearm and hand are fixed, except the middle finger, which can raise a weight working over a pulley. The height to which the weight is lifted is recorded graphically. The finger is moved rythmically at a given signal. It seems that for a certain physiological condition of the system, the fatigue curve of each individual is fairly characteristic and constant, but that it varies with alteration of the conditions under which it is taken. It is usually stated that the fatigue curve is nearly a straight line; it may be so in man occasionally, but usually it shows a convexity directed upwards or downwards. The fatigue curves obtained by stimulating the muscles to contract by electrical stimuli are very similar to those obtained by voluntary contractions, so that the individual type of fatigue appears to depend upon peripheral and not upon central causes. Muscles, which are apparent-

ly exhausted and no longer raise a weight when stimulated electrically, may be made to do so by a volitional impulse, and those muscles that no longer respond to volitional impulses may be made to contract by electrical stimuli. Suppose a muscle to act voluntarily, during this time it does not recover so as to re-act to electrical stimuli, by which it was previously exhausted. If, however, the muscles be exhausted for voluntary stimuli and then be stimulated electrically; during this period it again becomes capable of being excited to contraction voluntarily. Apparently some factor has recovered itself in the meantime. This is obvionsly the central one, so that the nerve centres apparently also become fatigued during voluntary muscular contractions. Continued mental activity diminishes the muscular energy and increases the fatigue; and hunger, sleeplessness, and forced marching act in a similar manner. The peripheral fatigue in these cases seems to be due to the accumulation of poisonous products in the blood due to the muscular metabolism. A dog was nearly completely exhausted by working for twelve to eighteen hours on a tread-mill. It was then bled, and its blood injected into another dog, with the result that the blood proved poisonous.—*Brit. Med. Jour.* Dec. 20, 1890.

POINTS FROM THE BRADSHAW LECTURE ON MODERN ABDOMINAL SURGERY.

Delivered at the Royal College of Surgeons of England, December 18th 1890, by Sir T. Spencer Wells, Bart., F. R. C. S., Surgeon to the Queen's Household.

From Brit. Med. Jour.

ANÆSTHESIA.

The first question is, which is the safest and best anæsthetic? Is it chloroform, or ether, or a combination of the two, or the mixture of alcohol, chloroform, and ether, known as the A C E mixture, or bichloride of methylene, or laughing gas, or anything else? Beyond all doubt chloroform is still the usual and favorite anæsthetic. But I was from the first afraid of it. The only death I ever witnessed under an anæsthetic was from chloroform. This was in 1848, and the surgeon was Malgaigne. The first year I was at the Samaritan Hospital, in 1854, I amputated a small breast, and the patient very nearly died from the chloroform. For a time we thought she was dead, and it was only after prolonged artificial respiration she recovered. In several of my earlier cases of ovariotomy I was made very uneasy by the effects of the chloroform during the operation, and in many more by the vomiting which I thought it set up after operation; and twice, when Clover administered the vapor diluted with air from his bag, I had to stop my work while a patient was resuscitated. Whether chloroform was given by lint and a towel, or by Skinner's mask, or by some inhaler, I was always much more anxious about the anæsthetic than about hæmorrhage or any other operative detail; so that when, in 1867, Dr. Richardson explained his views as to the causes of danger of death from chloroform, and his belief in the greater safety of methylene, which he was then introducing, I was quite prepared to give the newer liquid a fair trial.

To my mind, the result of the first case was most satisfactory, and I have repeatedly made known what my experience of methylene has been. I have been surprised that, in the face of the reports of deaths from chloroform repeated week after week in the newspapers and medical journals, we have not yet had to defend one of our brethren against a verdict of manslaughter on the ground that an anæsthetic, well known to be dangerous, had been administered when others, equally efficacious, were known to be safer. I should not at all like to be tried on such an issue, for I fear the defence would be very difficult. I am sorry I cannot enter more fully into this question, but there are others which demand

more time than I have at my disposal, and I must be content with explaining that some of the reasons urged against the use of methylene may be completely answered. It can be made by any manufacturing chemist in the manner described in his first paper by Dr. Richardson. Its chemical composition shows it to differ from chloroform only in containing one equivalent less of chlorine.

Bichloride of methylene—Composition, CH_3Cl_2. Specific Gravity, 1320. Boiling Point, 128°.

Chloroform—-Composition, CH_3Cl_3. Specific Gravity, 1480. Boiling Point, 142°.

It is not so easy to procure pure methylene as pure chloroform, for in spite of the greatest care, a little chloroform, from which methylene is reduced by the action of zinc, occasionally passes over during distillation; but the quantity is too small to be of much consequence. Still I trust the makers will be able to guard against this accidental admixture. Even as now sold, if it is administered sufficiently diluted with air, as it may be from Junker's inhaler, by any intelligent student, or even, in cases of emergency, by a nurse, I believe any surgeon who will try it on my recommendation (after more than twenty years' experience of its use in a very large number of operations, some of them exceptionally long and trying), will be freed from much unnecessary anxiety, and may escape censure which some might think to be not quite undeserved. I am sorry I cannot devote more time to this important discussion now; but I have some reason to believe that the whole subject may be treated fully, either in this theatre or in the Examination Hall of the two Colleges, in a full course of lectures on Anæsthesia by Dr. Richardson, including all the substances described in his synopsis of anæsthetics in the second volume of the *Asclepiad*.

Let me now pass on and ask you to consider for a few minutes the question of

DRAINAGE

which, with or without *flushing* of the peritoneal cavity, is one of the more recent additions to the practice of abdominal surgery. First introduced and practiced by Peaslee in 1855, rather in the treatment of septic peritonitis after ovariotomy than as one of the steps of the operation, it has been followed extensively in America, in this country, and in Germany. Some surgeons attach great importance to it, and adopt it almost as a general rule, even where there has been no escape of fluid or oozing of blood into the peritoneal cavity. Koeberlé and Keith first used glass tubes $\frac{1}{4}$ to $\frac{1}{2}$ an inch in diameter. Since then smaller tubes of vulcanite have been preferred, and various modes of syringing, attaching waterproof protectors or sponges, have been used to carry off fluid and to prevent the entrance of septic matter into the cavity. In my own work, I have from the first looked upon drainage as a practice to be avoided if possible, and only put in a tube when I knew I had not been able to thoroughly cleanse the peritoneum, or thought that some oozing was likely to go on after the incision was closed, or when, some days later, I had reason to suspect the presence of fluid in the cavity; but I soon began to think that the tube acted as an irritant, and led to the formation of the fluid which it served to remove. At first, when I was in doubt, I put in a tube; but very soon, when in doubt, I left it alone. More than once I was sorry I had not used it, but much more often I was glad; and so early as 1876, in a paper read before the Royal Medical and Chirurgical Society on completing 800 cases of ovariotomy, I argued that drainage should only be an exceptional practice. Later; in 1885, after an experience of more than 300 additional cases, I maintained that it should be "almost entirely discarded," and said, I have not drained one case in which antiseptic precautions have been taken; and, on looking back, I cannot believe

that there are more than two or three in which, if a drainage tube had been used, it would have been useful. The simple explanation is, that the mixture of blood, other fluids, and air, left in the peritoneal cavity, or oozing into it after operation, formerly went through putrefactive changes, and, if not drained off, produced septicæmia, whereas now no putrefaction takes place, and absorption is quite harmless."

This was six years ago. I can now add that I have only twice *flushed* or washed out the peritoneal cavity with warm water, and in both cases I regretted having done so. When the bladder or intestine has been wounded by gunshot, or otherwise injured, and urine or fæcal matter has escaped into the abdominal cavity; or when pus has escaped from an abscess, flushing may secure more complete cleansing than simply sponging, and so becomes really valuable; but in a large majority of cases of removal of abdominal tumors, it simply adds to the amount of sponging required at the expense of more or less shock or depressing effect, and leaves the patient no better, perhaps worse, than after careful sponging with soft moist sponges. I have tried several substitutes for sponges—soft linen or cotton handkerchiefs, and absorbent cotton enclosed in muslin—but have not yet found anything that answers so well as sponges. I still preserve them from infective pollution in the manner I have repeatedly described.

(*To be Continued.*)

TREATMENT OF POST PARTUM HÆMORRHAGE BY SUBCUTANEOUS INJECTION OF CAFFEINE.

In the *Centralblatt f. Gynecologie,* of Nov. 27, 1890, Dr. Misrachi recommends the use of hypodermic injection of caffeine in cases of post partum hæmorrhage where rapid assistance is necessary. He recommends this treatment to country practitioners especially, who have not the advantage of such quick and thorough antiseptic cleaning of the hands as would warrant the introduction of the same after coming from other possibly contagious cases.

The author claims that caffeine acts more rapidly than ergot, and produces a better result even than ether, although the latter is a more rapid stimulent. He employs the remedy in the form of a solution, of which a hypodermic syringe full contains four grains of caffeine, rendered soluble by the addition of benzoate of sodium, equal parts in warm water.

Three or four injections were used at once, thus administering in all about 16 grains of caffeine. In this way employed, the remedy according to the author produces most remarkable results in arresting hæmorrhage, and acting as a stimulant.

THE MEDICAL AND SURGICAL COLLEGE OF NEW JERSEY.

The following preambles and resolutions relative to this institution were adopted by the District Medical Society for the County of Hudson, on December 16th,

Whereas, A certain medical institute, called the "Medical and surgical College of the State of New Jersey," chartered by special act of this State, approved March 17, 1870, was organized during the year 1888, and opened in three small room on the top floor of the general office building, No. 47 Montgomery Street Jersey City; and

Whereas, Said alleged college has graduated several students whose diplomas have been presented to the Hudson County Board of Health, and who have been refused registration; and

Whereas, It has appeared to this society, by good and sufficent evidence, that several members of the faculty, nearly all of whom are non-residents of this State; are either incompetent to deliver lectures on the topics assigned them, or are graduates of disreputable or fraudulent medical colleges; that the facilities for instructions in said alleged college are totally inadequate, and that no clinics,

dissections, or hospital practice have been or can be given; that the provisions of the charter of said college have not been observed by the authorities thereof; that the requirements of said charter, even if the same were strictly followed, are far below the standard of minimum requirements of medical colleges adopted and demanded by all medical authorities at the present time, and that, therefore, the possession of a diploma from said alleged college is no proof whatever that the holder thereof has received a good and sufficient medical education; and

Whereas, The State Board of Medical Examiners of this State will introduce a bill at the next meeting of the Legislature for the purpose of repealing said charter:

Be it resolved, That the District Medical Society for the County of Hudson does hereby earnestly protest against the existence of said alleged college as an unnecessary, inadequate, and disreputable institution, tending to degrade and lower the standard of the medical profession; that the influence of this society and of the individual members thereof be given to the support and passage of the bill to repeal said charter, and that a copy of this resolution be forwarded to the several medical societies of this State, with requests for their support and influence for the passage of said bill.—*N. Y. Med. Jour.*

Medical Items.

Prof. Heinrich Jacobson died suddenly. He was Medical Director of the Jewish Hospital, of Berlin.

Dr. Nicholas Senn has resigned his chair in the Rush Medical College, of Chicago.

Acting Ass.-Surgeon Booth, at Shreveport, La., reports under date of Dec. 29, that there were 18 cases of small-pox at Houston, Texas.

The University of Basel, the only university in Switzerland that has excluded women students, has just decided to admit them to the medical department.

On January 1st there appeared a new journal devoted to the Koch treatment, named *Central-Zeitung für das Koch'sche Heilverfahren*, but Prof. Koch is said to be in no way connected with it.

Broca, the French anthropologist, declares that the broad-headed race now represented by the people of Central France are the true Gauls or Celts of Cæsar.

Dr. A. F. Holt, Surgeon-General of Massachusetts, died on Dec. 28th, in Martin, Florida, where he was for the benefit of his health, he being a sufferer from Bright's disease.

Two distinguished Italian physicians, Dr. Ginlio Bozzozzero, Professor of General Pathology in the University of Turin, and Dr. Ottavio Morisam, of Naples, were made Senators in the Kingdom of Italy

Surgical treatment of pulmonary cavities has begun by Prof. Sonnenburg in the Moabit Hospital at Berlin. Already four cases have been operated on in the presence of Dr. Koch; the patients are said to be doing well so far.

A letter to the State Department at Washington from El Paso, Texas, dated Dec. 23rd, states that yellow fever is prevalent in Vera Cruz. Passengers from Vera Cruz can reach El Paso in four days.

The Russian Government has appointed a committee, consisting of Professor Tarnovski and other syphilologists, to

adjudicate the award offered for the best popular work on the dangers of syphilis, and on prophylactic measures for preventing its spreading.

Many of the Journals had announced the death of Prof. Carl Weigert in their last issues. but happily he is living yet and is making rapid progress towards recovery, thanks to the skillful treatment of his colleague, Dr. Hirshberg. Prof. Weigert had been very seriously ill from septic infection, following a post mortem wound on the right hand received on Nov. 18th.

There are said to be nine hundred men now employed in Washington in filing, searching, indexing, repairing and making reports from the medical, surgical and service records of the Union armies. The principal work of the men thus employed is to furnish information to the Pension Office concerning the official records of 500,000 applicants for pension.

A society has been organized in New York to keep sane people out of Asylums, and to get sane people unjustly committed, out. This society, which is known as the Anti-Kidnapping League and Lunacy Reform Union, declares that in the last five years, and in New York city alone, more than one hundred persons have been found by the courts to be unlawfully confined in asylums.

While looking over one of the French medical journals it is very pleasing to note the many annual and bi-annual prices given by the Academy of Medicine for scientific work connected with medicine. Many of them are of considerable money value, and cannot fail to stimulate earnest workers in the wide and open field of medical investigation. The government also offers both medals and money prices for works on hygiene, sanitation and researches on preventive medicine.

At St. Petersburg, Russia, on December 20th, the formal opening of the Institute of Experimental Medicine took place with great religious ceremonies. This institution owes its existence mainly to Prince Alexander of Oldenbourg, who at a personal cost of about $125,000, founded the same. Ambassadors of all courts, the Czar's family, by several members, and the three most distinguished investigators of Europe, were represented. M. Pasteur by M. Chamberlain, Prof R. Koch by Dr. Pfuhl and Sir Joseph Lister by Mr. Watson Cheyne.

Six or seven years ago two women were murdered at Lyons, one while asleep and the other after a desperate struggle with the assassin, who was never discovered. As a precautionary measure, the expert, M. Ferrand, injected the blood-vessels previously to interment with an antiseptic solution. Recently these corpses were exhumed, and in one the expression noticed immediately after the commission of the crime was remarkably preserved. Both the bodies were in an almost perfect state of preservation.

A new process of cremation and Mummifying has been proposed in France, based upon the well-known and successful experiments in plating with copper or other metals, by means of electrolysis, the most delicate tissues of grasses, leaves, and skins. Certain Frenchmen have, as an experiment, actually plated a dead child. The result is a perfectly faithful statue of the subject, truer to life than any sculptor could hope to achieve. The metallic shell is strong enough to withstand shocks. To receive the electroplating of copper, aluminium, or gold, as the case may be, the skin is prepared by a bath of nitrate of silver, and the silver reduced upon it by the vapor of phosphorus. There are also various other ways of providing the necessary "electrode" on which to deposit the coating.

An entirely new departure in medical

legislation is embodied in a bill now before the legislature of New South Wales. Every person practicing medicine, surgery or midwifery for gain, shall have his name placed conspicuously upon the house or premises in which he carries on his calling. Provided that any such person so practicing who is not registered as a practitioner, shall notify the same beneath his name in the manner to be provided by regulations; and any person who shall advertise as treating disease, injury, or ailment, shall state his Christian and surname in full in the advertisement, also shall place them upon any house or premises to which such advertisement refers, and if not a practitioner, shall also add the words *"not registered under the Medical Act*, 1890," in such manner as is prescribed by regulations.

The Post Graduate says: "It may be observed, on occasions of a festive character, that the only trouble with the German socially is that he cannot cross his legs. Social intercourse can never reach its best, highest, and sincerest expression without a capacity for this anatomical position. In action the legs are parallel, in emotion they assume various expressive attitudes; but in the calm enjoyment of social life and supreme goodfellowship, they are crossed. Whether this physiological incapacity of the German is due to an absence of cortical areas for the abductors, or to peripheral neural weakness, or simply to an excessive intracrural panniculus adiposus, I cannot say; but it is a racial defect that is deep-seated and pathetic." The writer of the above evidently does not know that the German considers it ill-mannered to cross his legs in company.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. DECEMBER 23, 1890, TO JANUARY 5, 1891.

The following named officers will proceed without delay to Pine Ridge Agency, S. D., and report in person to the commanding general, Department of the Platte, for duty in the field: Captain Henry S. Kilbourne, assistant surgeon, Captain Edwin F. Gardner, assistant surgeon, Captain Edward Everts, assistant surgeon.

Major John V. Sanders, surgeon, now on duty at Fort Ontario, New York, will proceed without delay to Pine Ridge Agency, South Dakota, and report in person to Brigadier General John Brooke for duty in the field and by letter to the commanding general, Department of Dakota.

The extension of leave of absence on account of sickness granted Major Steven G. Cowdrey, surgeon, December 16, 1890, is still further extended one month on account of sickness.

1st Lieutrnant Ogden Rafferty, assistant surgeon, is relieved from duty at Fort Sam Houston, Texas, and will report in person to the commanding officer, Camp Eagle Pass, Texas, for duty at that station, reporting by letter to the commanding general, Department of Texas.

Captain William J. Wakeman, assistant surgeon, is relieved from further operation of paragraph 135, O., 254, A. C. O., October 30, 1890, and telegraphic instructions of the 16th instant, transferring him from Fort Bidwell, California, to Fort Huachuca, Arizona Territory, and he will return from Reno, Nevada, to Fort Bidwell, for further duty at the latter post.

Captain Robert J. Gibson, Assistant-Surgeon, now on leave of absence, will report in person without delay to be commanding officer, Fort Meade, S. D., for duty with the 17th Infantry, in the field, reporting by letter to the commanding general, Department of Dakota.

The leave of absence granted 1st Lieut. Freeman V. Walker, Assistant-Surgeon, Nov. 11, 1890, is extended one month.

Leave of absence for six month on surgeon's certificate of disability, with permission to leave the Department of Texas, is granted Capt. John J. Cochran, Assistant-Surgeon.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JANUARY 3, 1891.

Assistant Surgeon G. McC. Pickrell, detached from U. S. R. S. "Minnesota" and wait orders.

Assistant-Surgeon A. M. D. McCormick, ordered to the U. S. R. S. "Minnesota" as Dr. Pickrell's relief.

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CONTENTS

ORIGINAL ARTICLES.

Notes on Clinics held by Dr. Wm. Osler. . . 243

Two Cases of Bladder Trouble during Pregnancy. By R. B. Norment, M. D., of Baltimore. . 245

A Case of Imperforate Hymen. By Joseph E. Gichner, M. D. 248

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Dec. 5th, 1890. Puerperal Eclampsia. Discussion. Ectopic Pregnancy. . . . 249

EDITORIAL.

Koch. 252
On Dipsomania. 253

MEDICAL PROGRESS.

Points from the Bradshaw Lecture on Modern Abdominal Surgery.—Chronic Constipation.—Great Increase in Blood Corpuscles in Blood.—Codeine as a Substitute for Morphine.—Koch's Treatment in Lupus.—Unconscious Parturition in a Primipara.—Trendelenberg's Flexible Dressing.—A Funny Health Officer.—The Deficiency of Native-born Americans.—The Way it is Done in the Great West. . . . 256

MEDICAL ITEMS. 263

Original Articles.

NOTES ON CLINICS HELD BY DR. WM. OSLER,

Professor of Practice of Medicine, Johns Hopkins University.

CASE 1.—Boy, aged 6, admitted November 22nd. Nothing special in family history; child has been fairly well, except occasional attacks of epilepsy, for which he receives treatment at the dispensary.

Two weeks ago last Sunday was taken ill with fever; no chill; occasional cough. On admission, temperature in axilla 102½°; dullness over right side. Since then temperature never rose above 100°. On several examinations, temperature rather below normal, often 96°; no sweating, no chills; pulse 108 to 120, respiration 28 to 38.

You see the child looks fairly well nourished, and presents a good appearance. This morning temperature normal. Examination presents the following:

On inspection, left side more movable, right side looks fuller, intercostal spaces not especially noticeable. There is not a very great difference between the two sides. Apex beat outside the nipple line in 5th intercostal space. Palpation not much expansion on either side, but more on left side. Tactile fremitus felt with distinctness, not so marked on left side. On percussion, the difference between the two sides is marked.

On right side in front Skodaic resonance shading into dullness, which extends across median line and merges below with the cardiac dullness, dulless in axillary region and behind to spine of scapula. Auscultation over left side gives clear and loud breath sounds somewhat harsher than normal.

On right side sounds are somewhat tubular on expiration. Respiratory murmur not obliterated, no rales heard over back; in front breathing distinctly tubular, no rales in mammary region, a few rales in infraclavicular region. Voice

sound transmitted with intensity, amounting to actual bronchophony, over the dull region. Measurement of chest gives right side 28 inch, left side 27 to 27½. Abdomen soft, liver somewhat depressed, edge of spleen palpable. Very little cough; there is no expectoration. Now, is this pleurisy with effusion or consolidation?

Extensive dullness on one side, with Skodaic resonance beneath clavicle, is suggestive of fluid, particularly if dullness reaches beyond middle of sternum. Dullness of effusion in adults is harder than in pulmonary consolidation.

In pneumonia there is rarely positive increase in size of the affected side. In a simple effusion the enlargement may not be very great, but in purulent effusion, the affected side is often greatly increased. On palpation over the dull region in this case, fremitus is distinctly transmitted, though of course not so well marked as on left side. This is often the case in the pleural effusion of children. The voice sounds may also be exaggerated to bronchophony, even egophony. On auscultation tubular breathing, no obliteration of breath sounds. In adults the effusion deadens or obliterates the breath sounds. In children, on the other hand they may be loud and tubular, or even have cavernous quality.

In this case there was a definite onset of the disease, as shown by fever, etc; but in many cases in children, the onset is insiduous, and they will play about, or go to school until effusion becomes so great as to cause dyspnœa or cough, and the physician is astonished at the first examination to find the dullness reaching as high as the clavicle, and the apex beat displaced. In thiscase there is no doubt, I think, that we have here pleurisy with effusion. To verify this, Dr. Lafleur will put the child under ether and aspirate him.

The diffidence and the unwillingness of physicians to do this simple operation in private practice protracts many a case of pleurisy which then from simple effusion, often becomes purulent. The fluid drawn off is clear sero-fibrinous.

Scarcely sufficient stress is laid in our text books upon the difference in symptoms between pleuritic effusion in the child and in the adult, which are well illustrated by this case. After the withdrawal of about 20 ounces of fluid, a marked difference is heard in the percussion note and breathing, which is almost entirely clear now.

Case 2.—Woman, aged 42. Was always fairly well, up to two years ago, when she had dyspeptic spells, vomiting immediately after eating, also vertigo at times. The patient looks fairly well. Abdominal examination reveals on palpation, on left side, a distinct and positive tumor mass; bimanual palpation makes it more evident. It comes down, and can be retained between the anterior spine and the ribs. It is evidently a movable kidney, but it is enlarged, and there can be felt a little hemispherical prominence, as if a cyst. On the right side a similar mass can be felt, but it does not come down so far, and is not so large. The condition of the kidneys has probably nothing to do with her dysyepsia. The feature of interest is that her kidneys are larger than normal, but not large enough for the large bilateral congenital cystic kidney.

Case 3.—This woman comes today for the first time, complaining of indigestion, palpitation and shortness of breath on running up stairs. She has no previous history of rheumatism, scarlet fever or typhoid fever, and has always been in good health. Examining the heart of this patient, on palpation, you can feel a thrill running into and ending abruptly in a shock, synchronous with the heart impulse.

Apex beat not displaced, is forcible. On auscultation we hear a soft systolic murmur and loud rough rumbling presystolic terminating in the first sound. Second sound is accentuated, loud over base. Thrill and impulse better marked outside of the nipple line; the shock is heard with distinctness at the back.

Patient having had no special symptoms except occasional palpitation or little shortness of breath, did not apply for

treatment. Interesting feature in this case is the absence of history of rheumatism or any other disease which would tend to cause such a condition, and that patient feels well. A mitral stenotic lesion which we no doubt have here, can be so long compensated; and this is effected through the right ventricle.

Many cases of mitral stenosis go for years without being aware of the fact, and often the examination for other troubles reveals this condition. The thrill of this valve lesion terminating in an abrupt systolic shock, is quite pathognomic.

The cardiac condition here needs no treatment, and I show the case simply as an every-day illustration of fully compensated mitral disease.

TWO CASES OF BLADDER TROUBLE DURING PREGNANCY.*

BY R. B. NORMENT, M. D.,
OF BALTIMORE.

On the third of March, 1888, I was called to see Mrs. G. P. L., aged 36, the mother of six children, who was at that time suffering from frequent and painful micturition. According to her account she was compelled to use the chamber every few minutes, the desire to urinate being continuous and imperative. The woman was markedly nervous, restless and showed the effects of a lack of sleep. The first trouble with the urinary organs was noticed during the third month of pregnancy, and had grown continuously worse from that time forward—patient now being fully six months pregnant. Her trouble seemed to consist entirely of frequent and painful micturition. Careful inquiry elicited the fact that the pain was not of that scalding character seen in acute inflammation of the urethra or gonorrhœa, but was a continuous, dull, heavy pain, with exacerbations of a violent character, simulating parturient pains; "just like confinement," to use the patients own manner of expressing it. Indeed the similarity to threatening abortion was very marked, in that the abdominal muscles, which were relaxed during the continuous uneasiness, became firmly contracted with each exacerbation, to become lax again as it died away. Yet in spite of these symptoms, and the positive opinion of her mother, who practices midwifery, that she was miscarrying, the patient insisted that the trouble was with the bladder. She complained of something distending the vulva, and attributed the "stoppage of digestion" to the presence of this swelling. Upon examination I found a cystocele, large, tender and painful, full of urine. And while the description given by the patient,—"the main entrail swollen up over the mouth of the water-pipe, so that I can't digest my water," was rather at variance with medical nomenclature, it was correct so far as the mechanism of her trouble was concerned. The contraction of the abdominal muscles caused the tumor (cystocele) to volate and press forward and upward against the vestibule. thus closing the mouth of the urethra like a valve. It was only at the beginning of each pain that any urine was voided. I think when the bladder alone contracted, and before the contraction of the abdominal muscles, I introduced a catheter, drew off the urine, and having caused the patient to assume the knee-elbow position reduced the cystocele. These measures gave immediate relief of course, but temporarily, The urine drawn was highly ammoniacal, and very turbid. Diagnosis—cystitis en cystocele subacute. I ordered twenty grains of bromide of potassium, and five minims of fluid extract of hyoscyamus, to be given every four hours, alternating with five grain doses of benzoic acid, dissolved in solution of sodium biborate, and left her for the night. Calling to see her next morning I found her condition much the same as

*Read before the Clinical Society of Maryland, April 1890.

at my first visit, with a history of relief lasting about two hours, or less, after my departure, discomfort having from that time grown worse and worse.

Examination of the urine drawn the night previous showed it to be loaded with pus, and very large cyrstals of ammonio-magnesian phosphate. I again introduced the catheter and drew off about six fluid ounces of very offensive urine. I felt doubtful as to the property of any local treatment to the bladder, on account of pregnancy; but seeing the severity of the symptoms, and fearing the effect of the violent contractions of the abdomen, I felt justified in resorting to local along with constitutional measures of treatment.

After emptying the bladder I washed out that viscus with warm water impregnated with table salt, in the proportion of a heaping teaspoonfull to the quart, using for this purpose an ordinary elastic catheter into which was inserted the smaller nozzle of a Davidson syringe, the bladder being filled to moderate distension, and the matter allowed to flow off through the catheter, I repeated this operation in the afternoon, and again late at night. After each time that I washed out the bladder I caused the patient to assume the knee-elbow position, when the cystocele was easily reduced. On the fifth, (the third day of my attendance), I found my patient had passed a much more comfortable night and was not suffering nearly so much as previously, though she was still far from comfortable. The urinary irriation had become controllable, though it was still very annoying. After again washing out the bladder I instructed the patient how to use the catheter, so that she might be able to relieve herself in the intervals between my visits, should circumstances require. On the sixth, I began using, after the morning and evening irrigation a weak decoction of ordinary black tea as an injection. This I found of great benefit, the pus cells growing rapidly, fewer in number under its use. I continued this treatment until the eleventh, eight days after my first visit, when the patient having become quite familiar with the technique of the operation, and being much improved, was able to perform the irrigation herself. I saw her but four times between this and the 28th, at which date she was able to leave her room, and attend to her ordinary household duties. The bladder acted naturally, and the patient seemed well, save the discomfort of a large cystocele. She was allowed to discontinue treatment with the injection; to begin again should there be any return of her trouble. I was not called upon to prescribe for her again until the 14th of June, when she was delivered of twins. After two weeks in the horizontal position, with no treatment save taking care to see that the bladder was not allowed to become distended while prolapsed, patient felt so well that she refused to remain in bed any longer, and though I have attended the family, and herself frequently during the two years that have elapsed since my first attention, I have heard no mention made of pain or swelling. Though she says she cannot lift anything as heavy as a large bucket of water without discomfort in the genital region.

Three points of interest in this case, to which I desire to draw attention are:

1. The fact that the symptoms simulated, threatening abortion while the trouble was purely vessical.

2. The harmlessness of irrigation of the bladder with warm water in spite of pregnancy.

3. The rapid amelioration of the symptoms under simple treatment.

Case 2.

Some time in July or August 1889, I was engaged to attend, Mrs. J. A. L., aged 23, in confinement which was expected to occur about the middle of September. Mrs. L. is a women of medium stature, and at that time seemed to me to be in perfect health and the best of

spirits. She had given birth to one child two and a half years previously, without difficulty, and after making a note of the engagement, I gave myself no concern about her welfare. On the 17th, of September, about 3.30 in the afternoon, I received a hurried message to come to her house. Upon my arrival I found the patient in bed prepared for accouchment, and apparently in the first stage of labor. She told me that she had been suffering intensely for about two hours, that she did not think it could be long till her delivery, her pain was so frequent and severe. She had been in bed but a few moments, having walked about her room till she heard me enter the house. Since she had laid down her pain had been much less. The patient looked well, presented no sign of illness, I had not the slightest apprehension of any trouble, and was by no means hasty in making an examination, she, however told me that just before she lay down, she had quite a hæmorrhage, since which she was much relieved. At this statement, I felt no small amount of alarm. It has been my unhappy lot to see several cases of placenta previa, and the mention of anything like hæmorrhage before labor fills me with fear. So I now hastily made an examination, and to my utter surprise found nothing in the condition of the vagina or cervix to indicate the onset of labor; and stranger still I could discover not the slightest sign of hæmorrhage about the patients person or clothing.

Inquiry illicited the fact that the hæmorrhage had occurred while she was using the chamber, whereupon I turned my attention to the examination of its contents. What was shown me for blood, (for the patient and her nurse both thought the red liquid in the vessel to be pure blood), did not seem to me to be blood alone, but a mixture of blood and urine; and from the fact that there was no distinct clot, but rather a red sediment in the fluid. I concluded that the blood had become mixed with the urine before micturition, and that consequently I had to deal with a case a vessical hæmorrhage. I was at a loss to account for it, and have never been able to formulate an opinion as to its cause. As the patient was now suffering but little, I determined nothing, so far as local examination or treatment was concerned, but wait developments. There was no indication for the introduction of a catheter, the bladder having probably emptied itself only a little while before. I ordered fifteen grains of gallic acid to be given the patient every four hours, and left a prescription for a mixture, each dose of which contained one fourth of a grain of sulphate of morphia, and fifteen grains of bromide of potassium, to be given every two or three hours, in case her pain became severe. I advised that she remain perfectly quiet, and in the recumbent posture, and promised to see her again by her usual bedtime, 10 o'clock, or sooner, should circumstances require. At ten o'clock she was tolerably comfortable, had passed urine once since I saw her in the afternoon, which urine contained but little blood. Early the next morning, 6 o'clock, I found the patient entirely free from pain, though she had not passed water during the night, nor felt inclined to do so. An hour later, however, her pain returned in great severity, and being unable to reach me, she called in another physician, who gave her a large dose of morphia to relieve her pain. Some time afterward, 3 o'clock in the afternoon, I called to see her, and found her resting perfectly easy, free from pain, and desirous to leave her bed, as she felt like there was nothing the matter. She showed me a blood-clot, dense and firm, much the shape and nearly the size of a small cigar, a cast of the urethra, I suppose. She told me that her pain had been very severe for about an hour before passing this clot, and that immediately after its passage she discharged fully a pint and a half of urine, since which time she had had no discomfort whatsoever. This state of affairs continued until the morning of the 20th, when at my patients request I discontinued my visits. She was not confined until October 12th. There

was no vessical trouble during the lying-in, nor has there been since. The patient says, however, that she suffered some years ago with *gravel*, but never, so far as she knows, passed a stone, large or small. Remarks concerning these cases are unnecessary on my part, they have been reported for their peculiarity, as well as for anything else. Nothing novel or unusual, so far as treatment is concerned, is claimed for either one, for both did well upon very simple treatment.

My limited reading has not, however, led me to discover the records of any such cases; but whether this is on account of a lack of similar observations by others, or the fact that like cases have not been deemed worthy of being reported, or the sparcity of my research, I am unable to say.

Since writing the above, I have seen another case similar to the above. Mrs. D., age 20, in the fourth month of her first pregnancy, had hæmorrhage from bladder, with violent intermittent pain. She was promptly relieved by good doses of gallic acid and bromide of potash.

A CASE OF IMPERFORATE HYMEN.

BY JOSEPH E. GICHNER, M. D.

An interesting case related by Dr. Kinlock in the *American Journal of Obstetrics*, August, 1890, which came to my notice by chance, prompts me to report a case equally interesting, which I attended in September, 1890. I was called on the 10th of September to see a girl in great agony, giving me the following history:

Mollie F., aged 17½ years, of tall and slender build, looking slightly anæmic but otherwise tolerably well developed. Patient had never had a sign of a show, no pains in back, or any other symptom which would point that puberty had been passed. She works in a factory, and came home that day on account of great bearing down pains, pains in the back, and frequent and painful micturition. She had not been to stool for two days. Physical examination showing pale face, skin moist with perspiration, pulse 96, temperature 100. Mammæ were pretty well developed. On abdominal examination I found a fluctuating tumor the size of a large fist on the right side extending upwards to nearly two inches below the umbilicus. Her abdominal walls being very thin, I could map out the uturus to the left somewhat larger than normal and out of place. On relieving the bladder with a catheter, the tumor came somewhat lower.

Vaginal examination was stopped, as I could not bring the finger further than about half an inch from the external orifice. The obstructing membrane was pushed forward, felt tense, and on sweeping the finger around, could feel extra adhesive bands from the sides. By rectal examination, a tense tumor pressing down towards the posterior wall could be felt, and the finger introduced only with difficulty. I concluded that this was a case of imperforate hymen, with a large collection of blood behind; also that inflammatory changes were beginning, and that surgical interference was necessary.

Being late in the evening I proposed operating the next day, and prescribed choral and bromides as the patient was nervous and excited. I invited my friend Dr. Ebaugh, to help me, and after confirming my diagnosis, operation was begun by the introduction of a bistoury guided by the finger, making a crucial incision. The hymen was very tough and resisting, and almost one-eighth of an inch thick. About two quarts of dark, almost black blood, came out, to the great relief of the patient, who had not been put under anæsthesia, deeming it unnecessary an account of the very slight sensitiveness she had in that part.

After washing out with hot carbolized water, the patient was put to bed. She had a slight chill that night. Temperature rose to 102°, but on administering large doses of quinine and ferri chlor. no

further trouble occurred. The flow continued four days longer, she receiving daily injections of warm carbolized water.

No plug was inserted nor any method recommended by the text books used to prevent closure of the wound, except the above mentioned injections. No adhesions having taken place, the uterus returned to its normal position. On the seventh day after the operation, patient went to work again.

At the next menstrual period she had only slight loss of blood, showing that the opening in the hymen had not closed up.

Judging by the amount of fluid that had accumulated, and its appearance, the patient must have menstruated about a year before any signs of discomfort were complained of. It could not be explained except by the fact that she is a hard working girl, with a nervous system, not very sensitive.

Dr. Kinlock's case differs from mine in that the patient, aged 18, complained of a small tumor in the hypogastrium, which was treated merely by painting with iodine; and that during absence from home for a year, she neglected it, as it caused her no inconvenience, which was rather peculiar, as the author states that on her return the tumor was as large as a uterus at seven months. Imperforate hymen being diagnosed, an incision was made, and a great quantity of odorless pus-like fluid was evacuated. Microscopic examination showed pus and blood cells; the cavity had walls like an abscess, which were chiefly in the vagina. Under antiseptic injections with drainage tube, his patient made rapid recovery.

2034 Wilkens Avenue.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 5TH, 1890.

The 241st regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. R. B. Norment read the society an interesting paper on

PUERPERAL ECLAMPSIA,

with a detailed account of six cases encountered in his own practice.

In the

DISCUSSION

Dr. Robb spoke of the importance of examining the urine during pregnancy, and thought that when albumin was found, and particularly when casts were present that premature delivery should be practiced.

Dr. Rohé said that the convulsions occurring during pregnancy did not always depend on the condition of the uterus, and that he was rather inclined to agree with the general drift of authority, than with the reporters or Dr. Robb, as to inducing premature delivery in eclampsia. He had seen an example only this week of the marked epigastric pain mentioned by Dr. Norment, as a symptom of the trouble. In this case there had been no other gastric symptoms, and no headache, but dropsy and albuminuria. Suddenly following imprudent diet, there was much stomachic irritation, epigastric pain, nausea and vomiting, and some hours later, labor came on, accompanied by a convulsion, which was controlled by chloroform. Two hours after this, there was a second seizure, followed in turn after two more hours by a third. A half drachm of chloral was given by the rectum, and after dilitation, the child presenting with the occupied portion, was delivered under chloroform, by forceps, Taylors first, and afterwards Neales. He regarded the treatment of Dr. Norment of chloroform and chloral during the attack, and the bromides in the intervals, as entirely appropriate. Jaborandi which he has seen used twice in cases ending fatally, is probably worse than useless, although theoretically it should be about the best remedy. If venesection is to be used at all,

it should be employed early in the attack, later it seems to hasten a fatal termination.

Dr. Gardner said that of 180 cases seen at the maternity before August 1st, 36 had albuminuria either before or within a week after labor. The amount was usually small, but in two cases reached one-fourth volume of tested urine, and in one case one-half. Of the 180 cases, four had eclampsia, in only one of these had albumen been found before the convulsion, in all but one it was found after. One case recovered and in this the albumen had disappeared in 24 hours. He regards the prognostic valve of existing albuminuria in pregnancy as worthless. From Dr. Elliott's clinic there is a report of 14 cases of eclampsia, in eight of which no albumen was found. Of 70 cases in pregnant women of undoubted parenchymatous nephritis only two had eclampsia.

Dr. Neale said that experience had taught him that in convulsions occuring before labor, the uterus should be emptied of its contents as soon as possible. He considers urinary examinations very important. Not that every case of albuminuria is to be followed by eclampsia, but the examination is a safeguard, and of marked prognostic value. When the amount of albumen is large, he regards it as an indication for bringing about premature delivery. He agrees with Dr. Norment that the method of evacuation is of secondary importance. Personally he prefers version to forceps in most cases. Finger dilitation in his hands is the most rapid and best.

Dr. Welch being asked concerning the etiology of eclampsia, said, that some cases evidently depended on acute diffuse nephritis. He had examined post mortem such a case where the eclampsia had occurred at the third month of pregnancy, following symptoms of Bright's disease. In this case there was a marked hereditary history, a father, sister, brother and aunt having died of nephritis. Most cases, however, could not be explained in this way. The clinical picture is that of some overwhelming poison, which if not uræmic in origin, may depend on blood absorption from necrotic alteration in the placenta, absorption of the so-called leucomaines. This question is still under discussion, and is very interesting. Its acceptance would explain the rapid relief following the evacuation of the uterine contents. Of less interest is the discovery of Klebs of multiple hæmorrhage in a fatty liver with emboli in the pulmonary vessels containing liver cells.

Dr. Norment, in closing the discussion, said that personally in these cases he had not used jaborandi, and for theoretical reasons. Often in eclampsia the mucous and salivary secretions are already abundant and troublesome, and he thought that the jaborandi would increase this trouble. He was glad that he had been seconded in his appeal for early operative interference. If any advantage is gained by hastening the delivery of women at term when nature is about to act in her behalf, why should there not be such gains if relief is given sooner? For this reputation of operative midwifery we had better wait altogether if we delay too long in the beginning of eclampsia.

Dr. Randolph Winslow read a paper on

ECTOPIC PREGNANCY,

with the report of a case diagnosed after rupture and operated upon, with recovery of patient.

Dr. Robb said he was glad the report was an evidence of the possibility of diagnosing an ectopic pregnancy after rupture, which was denied by some authorities. Such pregnancies were usually primarily tubal, sometimes ovarian, rarely interstitial, and in a few cases abdominal. The only proper treatment was by laparotomy The use of electricity is only temporizing and we have no right to assume such responsibility.

Dr. Welch said that every one was impressed with the increased frequency of reports of such cases in the last five years. They are now much more gen-

erally diagnose than formerly. On the other hand, cases of pelvic hæmatocele are less often reported, an indication that they are the same thing. Microscopically, the presence of the chorion villi establishes the diagnosis.

Dr. Neale spoke of the suggestion of Lawson Tait that it was altogether different as to whether the sac ruptured in the fold of the broad ligament or externally in the cavity. In the first case the hæmorrhage was limited, in the second when the pouch of Douglass was filled with clots, the hæmorrhage being free in tne peritoneal cavity; the knife was called for at once.

The Society then adjourned.

R. B. WARFIELD, M. D.,
Recording Sec'y.

CALCAREOUS DEGENERATION OF THE PLEURA.

This subject is of high interest to the physicians, and in these days of pulmonary surgery is also of importance to the surgeon, especially in relation to paracentesis and resection of a rib. Dr. Marius Poulaillon read a valuable memoir on "Fibro-calcifying Pleurisy," before the Anatomical Society of Paris last summer.* Three cases were described by the author. The first was of traumatic origin. A blow on the right side of the thorax, followed by hæmatothorax, occured fifteen years before the death of the patient from phthisis. The calcification was advanced in the right pleura. The second patient died from cancer of the right kidney, with severe hæmaturia. Nothing abnormal could be detected, during the patient's last illness, in the thoracic viscera, nor was there any evidence of a previous attack of pulmonary disease. Nevertheless, the lateral and posterior aspects of the two lower thirds of the right lung were covered by a fibro-cartilaginous and fibro-calcareous shell consisting of pleura. The third case is of special interest to surgeons. A man, aged 50, entered a hospital for the cure of a pleura-thoracic fistula in the seventh intercostal space on the left side. It was the result of tapping for empyema five years previously. The sound introduced into the fistula touched the extensive rough surface of some hard substance. Caries of the rib, with the formation of costo-pleural osteophytes, was diagnosed, and there appeared to be sequestra, which moved freely when touched by the sound. The fiistula was dilated with a laminaria tent, to aid exploration. By this procedure, a splinter-like fragment of a bony substance, resembling a sequestrum, came away. So evident, at the time, seemed the nature of the disease, that the fragment was not examined by a pathologist. The operation for the resection of the rib was commenced; but on reaching the rib, that bone was found perfectly healthy. Exsive calcification of the plrura was detected; the finger could be passed into a narrow but extensive space between the calcified visceral and parietal layer of the diseased serous membrane. A gritty semifluid material filled the space. A large calcareous fragment was pulled out, the pleura was washed out with an antiseptic solution, and the wound dressed antiseptically. The fistula did not entirely close, but the patient left the hospital with his health much improved. Pathological research shows that these plates are first developed through hyperplasia of the subendothelial counective tissue of the pariteal layer of the pleura; they are seldom, if ever, of purely pulmonary origin. Traumatism is the most frequent cause of their development. Diagnosis by physical signs is seldom possible.—*Brit. Med. Jour.*

*Bulletins de la Soc. Anat. de Paris, pt. 15, 1890

The Johns Hopkins Historical Club was organized in the hospital library on Nov. 10th, 1890. Prof. Welch was elected President, and Dr. Reese Secretary. Prof. Welch made brief introductory remarks to show the value of historical studies to the physician.

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BALTIMORE, JANUARY 17, 1891.

Editorial.

KOCH.

No medical discovery has ever produced such universal excitement as that of Koch. No proposed method has ever received such attentive audience and been subjected to such careful examination by the profession. The medical world may be said at this time to be engaged in studying the proposed treatment in a clear headed and scientific manner. The proposal of a new method of treatment is not now received as it was in the time of Jenner with scorn and derision. The ultra conservatism which then formed such a prominent characteristic of the profession has given way to the opposite tendency, perhaps to too great a degree. The medical public is somewhat in the state of mind attributed by St. Paul to the Athenians. For all the Athenians and strangers which were there, spent their time in nothing else but either to tell or to hear some new thing." The conduct of the great investigator, amid all the excitement, which the announcement of his work occasioned, and all the honors and distinctions heaped on him by a, perhaps, too credulous public, has been most discreet. He is a scientist, who has, so to speak, been surprised at his work by the public, not an inventor, seeking gain who is prepared to sell to the highest bidder, and the adulation he has received, and is receiving, serves rather to hinder him in his work than to help him. He has been criticised in some quarters for not having published his processes, and the composition of the agent he uses. If he had used it as a secret remedy after the manner of charlatans, the criticism would be justified, but since his experiments are not yet complete, nor conclusions fully formed, he is right from every point of view to maintain his silence.

. . . .

That the remedy cures lupus, seems to be proved. That the cure will be permanent, is yet in doubt. That it shows wonderful effect in laryngeal and pharyngeal tuberculosis, the late communication of Lennox Browne to the *British Medical Journal* leaves no practical doubt. Time has not yet been allowed to show permanency of the improvement. Certain cases of surgical tuberculosis respond well, but in these cases also we need more time to prove permanency. Lung cases seem, thus far, not to yield to its influ-

ence so freely. In fact, in advanced cases it seems dangerous, and has proved fatal. Certain it is, however, that a curious and interesting reaction shows itself in tuberculous centres in persons subjected to its influence, a reaction which shows a distinct tendency of the agent to parts affected with this disease. It seems to be proved that this diagnostic reaction may be relied on. Reaction only occurs where tuberculosis exists. If this be the only reliable quality shown to exist in the agent, it will amply justify all the time and labor which have been expended in its elaboration. The profession must therefore philosophically wait and watch until such an array of facts has been accumulated and collated as will furnish a logical basis for conclusion. We sincerely trust that we shall not be compelled to record the gradual but certain destruction of our hopes as was necessary in the case of the Bergeon treatment, the pneumatic cabinet and other methods aimed at this greatest enemy of mankind.

. . . .

We, of the regular profession, are unfortunate in being compelled to be associated in the public mind with all manner of quacks, pretenders and charlatans, and our intelligent fellow-citizens show but little power of differentiation. The secular press, partly through ignorance, but mostly through interest, (since it finds its reckoning in the advertisements of the quacks), aids in this delusion. Thus, we were much disgusted, a short time ago, by the heading in a prominent daily in heavy type, that "Dr. —— —— was coming home with lymph." Shortly afterwards an equally prominent headline announced that the doctor had arrived, and would make arrangements to operate. It was somewhat amusing to note in the same paragraph but hidden away at the bottom and without any headline at all, that the fourteen patients who had already been treated in a prominent hospital in town were doing well. From time to time, we are favored with a statement in regard to Dr. —— ——'s arrangements, and finally, three-quarters of a column, including three of those elegant and artistic productions, which characterise the daily press of the day, one a picture of the doctor, one of the method of injection, and one of the patient ready for operation—announcing that Dr. —— has begun to operate. If all this matter had been placed in the advertising columns in company with that class of literature, with which alone, it could find legitimate association, we would not have deigned to notice it, but to have it foisted upon a long-suffering public as news is more than we can be expected to endure in silence. If a medical man chooses to give up respectable medical associations, and place himself in the class of those who are debarred such association, it is his own affair. and he has the right to do so. But foisting one's self or allowing one's self, (which is much the same thing) to be foisted on the public, in the news columns, is a practice which should receive the severest professional condemnation.

ON DIPSOMANIA.

A careful article upon this interesting and important subject is to be found in the *Edinburgh Medical Journal*, for February, 1890, being one of a series by Dr. Clouston, of the Edinburgh Asylum for the Insane, upon "Diseased Cravings and Paralysed Control." Although the

term "Dipsomania" is used very carelessly by physicians, and although for scientific and clinical purposes an accurate definition of the term is very much needed, yet the condition of "dipsomania" cannot, any more than that of "insanity," be described and defined accurately in a single sentence. In order that a given case may properly be labeled "dipsomania," the abnormal craving for alcoholic drink, and the paralysis of control, which characterize it, must be shown to be at the bottom of the serious departure from healthy mentalization.

Dipsomania, then, must be distinguished from several other conditions in which drink craving and loss of control are more or less prominent.

1. It must be distinguished from simple mania. A patient with distinct mental exaltation, insomnia, restlessness, talkativeness, changed habits, loss of common sense, unsettledness, loss of control of temper, morbid brilliancy of imagination, and hyperæsthetic memory, is not a dipsomaniac, although he drinks to excess, and has all his symptoms aggravated by drink, for which he manifests an intense and uncontrollable craving, hesitating neither to lie, cheat nor steal, if so he may obtain it. Drinking is here merely a symptom of the other disease. A case of *folie circulaire* is cited, in which the onset of the maniacal stage was quickly followed by excessive convivial drinking, while the onset of the melancholic stage was associated with excessive solitary drinking.

In this case, although the drinking intensified the disease, and although restraint from drink moderated the attack, yet the fact that mental aberration preceded each drinking-spell, and that permanent intellectual, moral and emotional changes were present, indicated clearly that the disease was not dipsomania, but *folie circulaire*.

2. Melancholia, with which a tendency to excessive indulgence in drink is associated must not be mistaken for dipsomania. In a patient who had been considered as a dipsomaniac, and who had many of the symptoms of this complaint—untruthfulness, laziness, loss of affection and of self-respect—Dr. Clouston diagnosed melancholia, because the trouble began with mental pain, a suicidal feeling, morbid suspicions, sleeplessness, loss of appetite and loss of flesh, and after the stoppage of the drinking,—which seemed to have been taken up as a sort of self-medication—continued as a case of melancholia.

3. Many epileptics exhibit the drink craving, in fact, as a class they exhibit a very great inclination to such a dominant passion, but they cannot be scientifically classed as dipsomaniacs. This craving intensifies the peculiar mental symptoms of epilepsy—the impulsiveness, the irritability and the homicidal and suicidal dispositions. In fact a drunken epileptic is apt to be a very demon incarnate.

4. Patients who have suffered from attacks of acute mania, and have passed into a state of mild mental enfeeblement, (being supposed by their friends to have recovered from their disease) are apt to take to excessive and uncontrollable drinking, as a result of their mental enfeeblement. Such patients may have no craving for drink when it is not within reach, they simply like it, and cannot keep from it when it is accessible. They are not true dipsomaniacs but mild dements.

5. Dipsomania should not be confounded with the drink craving which affects persons who suffer from delusional insanity and paranoia. The craving here may be very intense, and a very small quantity of alcohol in dilute form, may produce marked excitement.

6. The changes produced by general paralysis may be associated with drink excesses, and a careful investigation may leave the physician in doubt, but the after history will reveal the true nature of the disease.

7. Excessive drinking may attend the progress of many organic diseases of the brain, as tumors, softening, and especially brain-syphilis, in which latter trouble the gummata are especially apt to affect the mental areas of the cortex. A careful examination will reveal some signs of the underlying trouble, as unilateral nervous phenomena.

8. Especially sad is the disgraceful intemperance which is due to the brain degeneration of old age in certain individuals who have, perhaps, led previously blameless lives.

9. Dipsomania must not be confounded with true alcoholic insanity and alcoholic nerve degeneration. Dipsomania may end in these conditions, or may remain after these conditions have been relieved, but a dipsomaniac, as such, has no systematized delusions, no hallucinations, no amnesia, no motor symptoms, and seldom exhibits suicidal or homicidal impulses. Most dipsomaniacs are harmless.

10. It is very difficult to distinguish dipsomania from simple drunkenness.

In dipsomania four different varieties may be observed.

First.—The developmental and retrogressive form, including cases where there is congenital absence of self-control, and those in which the trouble appears during puberty, at the climacteric and in old age.

Second.—The form connected with a neurotic diathesis, the subjects of which, often persons of great mental power, find such pleasure in drink—especially when they have become debilitated by some depressing influence—that they cannot resist the desire for it.

Third.—"Somatic dipsomania," the consequence of morbid craving or lost control left behind by severe injury to the brain, as traumatism, sunstroke, brain erysipelas, or resulting from loss of blood, or from serious general illness, or from the strain of child-bearing.

Fourth.—The "dipsomania of excess," which effects persons who, being at first tempered and self-controlled, have in the course of many years of self-indulgent drinking produced serious changes in the brain cortex, in the nerves, in the tissues, in the blood-vessels and in the lymphatics, and are finally incurable.

The treatment of dipsomania must be adapted to each class of cases. Many are incurable because affected with incurable lesions of brain tissue. Most cases require total abstinence from drink. About one person in a hundred feels so degraded by teetotalism that it is better to let him have mild drinks. Asylums for the early stages of dipsomania are needed. Tonics of all sorts, including massage are useful. More attention should be paid to children who are likely to fall a prey to dipsomania, in developing their powers of self-control and in keeping them from drink.

Medical Progress.

POINTS FROM THE BRADSHAW LECTURE ON MODERN ABDOMINAL SURGERY.

Delivered at the Royal College of Surgeons of England, December 18th 1890, by Sir T. Spencer Wells, Bart., F. R. C. S., Surgeon to the Queen's Household.

From Brit. Med. Jour.

(*Continued from page* 239.)

Before I pass on I cannot avoid contrasting Matthews Duncan's conclusion respecting ovariotomy in 1857, a year before my first case, with the present position of the operation. My own completed operations alone amount 1,230, with 19 additional operations for the second time on the same patient, or 1,249, in all. Several other operators, at home and abroad, can count their cases by the hundred; and it is certain that the immediate results are fully as satisfactory as those of any serious surgical operation. The subsequent history of the patient for several years after operation has been more fully and accurately obtained and recorded than can be said of any equally important operative work. Let me ask, could any one have imagined that, in such a small hospital as the Samaritan, in little more than thirty years, there would be performed, as there have been, 1,378 cases of ovariotomy, with a mortality of only 14.13 per cent., or that, in the last four years, in 259 cases, there have only been 12 fatal, a mortality of only 4.40, less than 5 in the 100? It is equally remakarble that in successive series of 100 cases, and in successive periods of five years, from the earliest cases until now, progressive improvement has been more steadily maintained in this hospital than in my own practice.

UTERINE TUMOURS.

When I lectured here in 1878, on uterine tumors, and gave the history of the whole of my practice up to that time of their removal, or attempted or partial removal, very few surgeons here or abroad had much experience of the operation. Now, it has become, if not as frequent as ovariotomy, still an operation in which not only some British and American, but German and French, surgeons can tabulate their cases by the hundred. And some important practical questions, still undecided, may be discussed with the help of accumulated facts. Perhaps the most remarkable conclusion of any is that of the most successful of all operators who has had a larger experience of these operations than I or any other surgeon has had—Dr. Keith. His results are magnificent; yet after trial of Apostoli's method of electrical treatment, he wrote:—"So strongly do I now feel on this subject, that I would consider myself guilty of a criminal act, were I to advise my patient to run the risk of her life—and such a risk—before having given a fair trial to this treatment, even though I were sure that the mortality would not be greater than that which hysterectomy has given me in my private cases—under 4 per cent."

This is a declaration which must be regarded as phenomenal, coming as it does from a man who is known to observe scrupulously, to think calmly, to reason logically, to decide deliberately, and to act conscientiously. It ought to be, one would imagine, sufficient to check the folly of reckless, indiscriminating laparotomists, and to make their imitators hesitate before risking human life, and it gives matter for grave reflection to all those who have to bear the responsibility of advising ane cautioning in such cases.

Dr. Keith tells me that he has not since, done more than three hysterectomies; and for fibrocystic tumors only, and one castration. This persistent abstention implies his own emphatic condemnation of his former practice, which, as he says, always "vexed him with anxions doubt and fear," and at the same time it indicates hopeful confidence in the al-

ternative method of treatment he has adopted. Under the circumstances an attitude of watchful expectancy is what is most fitting; while everyone who has gone through the trial of dealing with the perplexities of giving counsel and acting in these cases must hope that further evidence will establish the fact that in electricity we shall find a resource which, if it does not supersede the knife, will render the necessity of its use much less frequent.

BATTEY'S OPERATION OR OÖPHORECTOMY.

In some large uterine tumors, where electricity is not likely to succeed or has failed, menstruation may be stopped by operation on the ovaries, and involution of the morbid growth may be reasonably hoped for. Removal of the ovaries to prematurely stop menstruation was a philosophical suggestion brought forward by Blundell as long ago as 1823. Carried out as it was by Battey, after 1874, restrictedly and with all due precautions, no objection could be made to it. Hegar's adaptation of the operation to cases of uterine fibroids was just, but of limited application. The proposal to extend its use among patients having no tangible disease, but with symptoms difficult to manage, was dangerous. I was far from disposed to put any obstacle in the way of any legitimate operation. I knew by my ovariotomy experience, how harassing it was to persist, even when right, in the fact of prejudiced opposition, and what acute pain may pe caused by unfair imputations. But here there was so evidently a perilous temptation in the way of loose professional morality, that in 1884, I felt bound to express myself thus; "Though I accept the principle, I am sure that the operation has a very limited application, and is so open to abuse, that its introduction in mental, and neurotic cases is only to be thought of after long trials of other tentative measures and the deliberate sanction of experienced practitioners." Mortal diseases admit of mutilating and desperate remedies. But mutilation for the sake of terminable maladies (which are the fruits of a vicious civilisation or a reckless procreation) is rather a question for the moralist than the surgeon. It was not without reason that I did this. At the date of the London meeting of the International Medical Congress, Battey who (in course of several years, and with almost unbounded opportunity of selection, furnished him by a sort of consultative epidemic which followed the exposition of his principles) had only found fifteen cases in which he could see occasion for practising his operation. He expressed surprise at the supposed necessity for its frequency in our country. My own experience, and that of many men of repute, forced me to coincide with Battey's reserve and moderation. But an acquaintance with the sectional medical literature, and especially the journalistic publication of the last ten years, leaves the conviction that the contrary propensity is alarming the profession. The constant reproduction of lists of unsequelled oöphorectomies is an accumulating proof of a mischievous activity, unless it can be explained away by the supposition that some of the authors are deluding themselves. The marked attempt to specialise and isolate gynæcological proceeding is an unfavorable manifestation, and creates a fear that in the absence of restraint the profession at large will have to bear up against the rebound of adverse public feeling. When in society, and at the clubs, it is impossible to avoid sarcastic allusions to the eclipse of the common sense of the consulting room—when it has become not uncommon to witness in women, far below the stage of matronhood, a flippant familiarity with the jargon of gynæcologist, and a proclivity to yield to some of their eccentricities—When at the domestic hearth, it is painful to hear reflections upon a suspected relaxation of professional moral integrity—it is beyond a doubt that some unfortunate influence has been at work which justifies the sneers, and misgivings of men, and accounts for the newly mani-

fested perversity in women. There is perhaps a tendency to forget that the mental soundness, and purity of our patients is presumed to be as much in our keeping as their bodily health, and that our honor binds us to respect the one as to tend the other. We must admit, it is true that the tendency is as yet very small, but a speck of the evil leaven is capable of entraining followers in many questionable courses, and inflicting much moral evil upon society. There is a suspicion that there have been indiscretions that the operation of oophorectomy has been injudiciously performed without due explanation of its consequences, and with mistaken prophecies of insanity or early death—that in certain circumstances the bounds generally recognized as those which should limit deliberate and consultative practice have been overstepped, that recoveries from the operation have been incorrectly counted as cures of the diseased condition, and that all failures have not been recorded. All this has excited a suspicion in the public mind—and in the mind of the profession—that some of the recent expansions of abdominal surgery have not been used in a manner to increase respect for the profession, and is thought to require denunciation. I abstain rigidly from any personalities, and take my stand on general evidence, and the unquestionable existence of an uneasy feeling widely abroad. My early warning was partially unheeded. I now make a sturdy and urgent protest against any abandonment of the true principles of professional conduct, and against the abuse of an operation good in itself and valuable when wisely adopted, and I am sure that the sober-minded and right-hearted majority of our profession will emphasize that protest in no measured terms.

Let me repeat that in properly selected cases of innocent uterine tumors, removal of the ovaries is undoubtedly useful and has been done in a few cases by me with satisfactory results, and much more frequently by other surgeons. But there are other cases where social and other considerations lead to the advisability of early myomectomy or hysterectomy.

CHRONIC CONSTIPATION.

At the meeting of the Berlin Medical Society, Herr Flatau * introduced a new method of treating chronic constipation due to torpor of the colon. This consists in applying about three grammes of boric acid. In those cases in which the lower edge of the rectum protrudes through the anus, and when this remains visible after powerful contractions of the levator ani and sphincters, the quantity of boric acid mentioned is either to be dusted on or rubbed on the mucous membrane in sight. In cases in which the mucous membrane is not visible, it must be insufflated. It is important that the medical attendant should carry out the procedure himself, at any rate at the commencement. The patient should then keep quiet for a time. In from an hour to three hours, peristaltic action will be observed in the colon. He has never seen a failure from this method of treatment, nor had he seen a case where the patient got so accustomed to it that it ceased to be effective. On the contrary, if carried out systematically daily, permanent improvement in time takes place, and normal peristalsis is returned to. He had tried a number of other substances but none had the same useful effect.—*Boston Medical and Surgical Journal.*

GREAT INCREASE IN RED CORPUSCLES IN BLOOD.

At the meeting on Dec. 10th, 1890, of the French Academy of Science, M. Viault read a paper on the subject, "What is the physiological reason which permits people and animals to live in the very rarified atmosphere of high altitudes." His researches tend to show that the most important part in the adaptation of the organism to the pressure is the great

*Medical Press, November 12, 1890.

increase in the number of red blood globules which are the oxygen-carrying respiratory element.

M. Viault observed in his own blood a difference of two millions of red corpuscles in two successive examinations, one made at Lima the other at an altitude of over 4,000 mètre or 9,000 feet.

CODEINE AS A SUBSTITUTE FOR MORPHINE.

H. Loewenmeyer (*Centralbeatt f. Nervenheilkunde*, May, 1890), has been experimenting with codeine in the Jewish Hospital in Berlin, giving it in all cases in which he was formerly accustomed to use morphine. About 5,000 doses were given in the course of a year to about 400 patients, many of whom took it for weeks and even months. His conclusions are summed up in one sentence: Codeine is a drug acting like morphine, but without injurious concomitant effects.

The result in the various painful disturbances of the abdominal and pelvic organs, in gastralgias, etc., was generally satisfactory. The patients obtained several hours' relief from their pains, and slept. With exacerbation of the pain, the same dose was again effective. The efficiency of codeine is even more important in those painful conditions which are due to organic changes. In gastric ulcer, in cancer of the stomach or bowels, the desired effect was often obtained, but by no means in every case. Codeine was successful in relieving pain in but 50 to 60 per cent. of the cases, whereas morphine was effective in 90 to 95 per cent. It is not easy to state in what class of cases codeine proved of no use. We may say that those pains, which set in with great intensity, or come in paroxysms, can be but little influenced by codeine. In biliary and renal colic it had no effect. On the other hand, those qualities should be especially emphasized which are in its favor, viz.: the absence of any hurtful influence on the organs of the body, as well as of any symptoms which could be characterized as codeinism. It is, therefore, to be strongly recommended in those cases in which a protracted illness is anticipated. But it is not to be given in every painful abdominal process. The inflammatory affections of the peritoneum, in which peristalsis is to be restrained, call for opium, not codeine. If pain persists after subsidence of the acute inflammatory process, codeine is indicated and is usually effective; as for instance, in the later stage of perityphlitis. It is also useful in controlling the pains of genito-urinary and ovarian affections.

The action of codeine, according to Loewenmeyer, is even more favorable in diseases of the thoracic organs. All the well-known symptoms of phthisis, such as the feeling of oppression in the chest, pains in the side, distressing painful cough, can be relieved for an indefinite period by codeine; morphine may be entirely dispensed with. In bronchial catarrh, pleurisy and pneumonia, codeine was given without harm, and usually with good effect. The drug also rendered good service in pulmonary asthma. Patients afflicted with the severest forms of this disease, and who had grown accustomed to regarding their condition as incurable, were given codeine each time when they felt the approach of an attack, and were convinced that the attack was shortened thereby and the distress greatly relieved.

Its good effect was very marked in circulatory disturbances accompanied with irregularity of the heart, and also in cardiac dropsy; the distress of angina pectoris was notably diminished.

Loewenmeyer's experience in the use of codeine in nervous affections is less satisfactory and encouraging. It appears that it has practically little effect in pains caused by irritable conditions of the brain or spinal cord, or of the peripheral nerves. Its hypnotic action is, however, well worthy of mention.

In excitable conditions of moderate severity, in the sleeplessness of convalescents from severe illness, the remedy was usually very effective.

Loewenmeyer gave from one-half to three-quarters grain of codeine at a dose. Those cases in which this amount failed to act were not influenced by larger quantities. This dose was given three to five times a day for weeks and months at a time, without any apparent injurious influence.—*J. W. B. in Journal of Nervous and Menthal Diseases.*

KOCH'S TREATMENT IN LUPUS.

Professor Haslund, of Copenhagen, says, with regard to the new treatment generally (*Hospitals-tidende*, Dec. 17th), that from what he had personally seen at Berlin he had derived the impression that the phenomena produced by the injections had not been studied with sufficient accuracy. He had seen, during his visit to the German capital, from forty to fifty cases of lupus in different stages of the treatment, and in forty-one of them he had carefully followed the course of events for some time. He had not seen one single case of complete cure, though several cases had been shown to him as "cured." The absence of reaction after a certain number of injections does not, according to Haslund, indicate that the disease is cured. In many cases in which injections had caused no reaction, recent nodules of lupus have been found, both in the scars and in the adjoining tissues. The experiments on cutaneous tuberculosis, he thinks, should have been entrusted to competent dermatologists, whose practiced eyes would have distinguished apparent from real cure. As illustrations of the errors which some observers have fallen into for want of this special knowledge, Haslund mentions that in one of the cases presented by Prof. von Bergmann as not showing a single nodule, and, therefore, as being completely cured, he himself had the day before carefully examined the patient in conjunction with a German specialist, and they both had seen a large number of lupus nodules, apparently quite recent, round the edges of the cicatrix. Again, a hospital surgeon showed a patient with extensive lupus of the face, in whom he pointed out that on the borders of the diseased patch the skin, with the orifices of hair and sebaceous follicles, was absolutely normal; this he affirmed to be cured lupus. Haslund, on the other hand, asserts positively that these points have never been the seat of lupus at all. Lupus never heals without a scar, and, moreover, the cicatrisation of an ulcerated patch of lupus does not prove that it is cured. Errors of this kind, Haslund says, were very common in the Berlin clinics, especially at first. With regard to the local reaction in lupus, the description given by Koch and others cannot be accepted as altogether typical. These descriptions hold good only (1) in ulcerated lupus, (2) when the nodules have reached the surface of the skin, and (3) in non-ulcerated lupus hypertrophicus. When the nodules are not prominent, and in cases of sclerosing lupus, only redness and swelling of the surface are seen; there is no exudation, and hence no crusts are formed. When the swelling has gone down there is abundant desquamation of large scales. This type of reaction is also seen, after several injections have been given, in other cases of lupus which at first reacted in the ordinary way. According to Haslund the destructive action of the fluid is exerted only on the most superficial tuberculous tissue, and does not reach the deeper nodules. His conclusion is that Koch's method, whilst it is an auxiliary remedy of the highest importance, must be supplemented by surgical treatment (galvano-cautery, electrolysis, scraping, etc). An enthusiastic German dermatologist was heard to say that he would throw away his curette, but Haslund surmises that he will soon have to take it up again. —*Brit. Med. Jour., Dec.* 27, '90.

UNCONSCIOUS PARTURITION IN A PRIMIPARA.

A case of high obstetric and medico-legal interest is to be found in the *Archives de Tocologie* for November. Physi-

ologically painless parturition is rare. Tarnier has related some cases, including one instance where a Canadian woman occasionally dropped a baby on the ground, at term, without noticing it. In Howard's case labor took two hours; the patient was reading a book till a quarter of an hour before the child was delivered, which event occurred after some straining, not sufficient to make her cry out. In Dr. Brunon's case, newly reported, a married woman, aged 22, had a troublesome cough one day shortly before term. The coughing was accompanied with lumbar pains, which increased. At 11 o'clock in the evening the patient tried to pass a motion. She sat over one hour in the closet, believing that her pains signified painful defecation. Then she went to bed. At half-past 1 o'clock she woke up feeling a desire to pass a motion, with lumbar pains such as she had felt before when constipated. As she rose to go to stool a smart lumbar pain occurred, and she felt something between her thighs. On handling it she found, much to her surprise, that it was the head of her first-born. She declared to Dr. Brunon that the pains were entirely lumbar, she had no colicky sensations, and none of the expulsive pains usually so severe, especially in primiparæ. The desire to defecate was strong, and she stated that the child might have been born into the pan of the closet without her recognizing the truth of her condition till the moment of its delivery. The patient was an intelligent well-educated woman, free from any neurosis. This case proves that in the case of an inexperienced person an infant might be expelled into the water in the pan of a closet without any intention of infanticide on the part of the mother.—*Brit. Med. Jour., Dec.* 20, '90.

TRENDELENBERG'S FLEXIBLE DRESSING.

Prof. Trendelenberg has been using at his clinic a gelatin paste, recommended by Unna, that is designed to be substituted in those cases where flexible collodion or india-rubber solutions have formerly been employed. It will hold dressings in place while permitting free motion of the parts. It is not friable nor very stiff, and is not so adherent to the cuticle as to interfere with the excretory functions of the skin. It therefore does not cause the peeling off of the upper layers of the epidermis, upon being removed, and the tendency to eczema in consequence. It is prepared in two degrees of consistence: the thick paste contains gelatine, glycerine, and water each thirty parts, with oxide of zinc ten parts. The thin paste gelatin twenty parts, glycerine thirty, water forty, with oxide of zinc ten parts. Heat is necessary when the pastes are compounded; it is also needed to liquefy them when they are used. The pastes are readily removed with warm water. —*Jour. Am. Med. Asso.*

A FUNNY HEALTH OFFICER.

The Michigan State Board of Health recently took Health Officer Davis, of Close Village, to task for failing to send in his weekly reports. His reply was unique. He says: "There has not been enough sickness here in the last two or three years to do much good. The physicians find time to go to Milwaukee on excursions, serve as jurors in justice courts, sit around on dry-goods boxes, and beg tobacco, chew gum, and swap lies. A few sporadic cases of measles have existed, but they were treated mostly by old women, and no deaths occurred. There was an undertaker in the village, but he is now in the State prison. It is hoped and expected that when green truck gets around, melons plenty, and cucumbers in abundance, that something may revive business. If it does I will let you know.—*Med. Record.*

THE DEFICIENCY OF NATIVE-BORN AMERICANS.

The recent census of the United States appears to show that the birth-rate is declining, and is below that of most prosperous Europeans countries. In spite of

the very considerable increase in population, the increase due to births, which was about nine millions in the decade 1871-80, was only seven millions in the decade 1881-90. It also appears from the recent census that the number of persons between the ages of 30 and 50 is distinctly below the average. This is the more astonishing since the increase in the population of the States is largely due to immigration, nearly half of the adults being foreign born. The number of women in proportion to men is unusually low, and this, taken in conjunction with the deficiency of males between 30 and 50, may, perhaps, help to account for the low birth-rate; but however it is viewed, this low birth-rate is very surprising, though the enormous amount of immigration may prevent the population question ever becoming in the United States the burning question which it is in France. On the contrary, proposals made by Surgeon General Hamilton, which would operate to considerably restrict immigration, are about to be embodied in a Bill to be introduced into Congress. Among other formalities, it would require every immigrant to be provided with a certificate from the United States Consul nearest to his home, testifying that his financial position, physical condition, and moral character entitled him to seek admission into the select society of America.—*Brit. Med. Jour.*

THE WAY IT IS DONE IN THE GREAT WEST.

————————, Dec. 21, 90.

Dr. ——— or successor,

Dear Sir:—About January 1st, I will open a sanitarium or infirmary of 30 rooms here, for the accommodation of my patients. Please put me in correspondence with several good young physicians with some training and experience in diseases of the eye, ear, throat and lungs, with a view of securing a local resident assistant. Salary first year, $100 a month to a good man.

Respectfully,

————————, M. D.

Oculist, Aurist, &c.

In answer to inquiry based on the above, the following was received. Comment is unnecessary.

————————, Jan. —, 91.

Dear Dr:—To fully set forth the aims and work of those representing my sanitarium on the road, will say:

My agent's duties will be to solicit for, to advertise and advance the interests of my sanitarium, in every honorable manner. It is work in a medical and surgical sense much like travelling for any mercantile house, in a commercial sense. An agent for me has the advantage of my large private practice, established by friends and cured patients, in almost every possible section you could visit in this surrounding country. I have been *ten years* in this city, and will have working friends to assist most everywhere you go. The best plan that I have found is to announce in the leading county paper, a week or two ahead, that Dr. or Drs.———, representing the State Sanitarium of ————, will be at the ———hotel, on a certain day, and remain three weeks. When you get there, find out from the newspaper office where to get several well-known, active men, who can tell you of persons in the county afflicted by diseases of the parts we treat; have him arrange you interviews. You will be supplied with all proper credentials, pamphlets, &c. Give your prospective customer a full explanation of your visit, and, if the case admits of a cure, or substantial benefit, contract with him for a complete course of treatment at the sanitarium, or home treatment, as the case may be, making the recompense, of course, the best possible, to your own judgment. You will be supplied, of course, with symptom blanks, and all medicines sent from the sanitarium, so that, by not treating

on the road, you are not amenable to the different State laws in respect to the practice of medicine. Our contract is, when secured, negotiable at bank, and after signed, is discounted at the bank we do business with in each town; the expenses and discount being subtracted and the rest divided equally with me; the patients, of course, sent in if possible. Some agents write from $2,000 to $3,000 a month, thus making fine salaries, as professional fees soon amount to something. Our territory is new, and my practice fine and established, so that any good man can make a flattering return by little effort. Some few agents prefer salary, which is much less, of course. I would be glad to hear from you as to your inclinations to go out, or to have you visit the sanitarium, for your own satisfaction. Would like all agents to take a certain line of Railroad, and visit it over at stated periods. This is attaching a business feature to the profession, but in this busy age, everything is progress. Let me hear from you. Please regard this private.

Yours Respectfully,

Dr. ————————.

Medical Items.

Influenza, is said to be prevalent in China, but the disease is as yet of decidedly mild type.

The third Dutch Congress of Physical and Medical Science, will be held at Utrecht on April 3rd and 4th, 1891.

Six deaths from the use of soothing syrups, have recently been reported by Dr. A. G. Belleau, to the Quebec Board of Health.

Dr. S. Guttmann, editor of the *Deutsche medicenische Wochenschrift*, has had the title of "Geheimsanitätsrath," conferred upon him.

The American Association for the Study and Cure of Inebriety is now holding a series of monthly meetings at the Academy of Medicine, New York City.

M. Ph. Diday, of Lyons, the well known authority on veneral diseases, has been elected an Honorary Member of the Russian Society of Syphilography and Dermatology.

Prince Alexander of Oldenburg has contributed a sum of 400,000 roubles, (about £46,000), towards the establishment of a hospital for patients suffering from tuberculosis in St. Petersburg.

Dr. Gideon B. Perry, one of the oldest practitioners in Brooklyn, died on December 30th, from heart trouble. Dr. Perry was born in Hopkinton, R. I., in 1826, and was graduated from the University of the City of New York, in 1851.

Professor Bartholow's Successor.—The trustees of Jefferson Medical College have elected Dr. A. P. Brubaker, as the successor to Professor Bartholow, in the Chair of Materia Medica and General Therapeutics.

This past New Years' honors have been conferred by the Queen upon distinguished English medical men. A Baronetcy has been conferred on Dr. Quain, and the honor of Kinghood on Prof. Humphry of Cambridge.

Professor Frank Baker the well-known anatomist, has been appointed Curator of Comparative Anatomy at the Smithsonian Institution, and *ex-officio* Superintendent of the National Zoological Park. It is gratifying to learn of the appointment of a competent anatomist to a position of this kind.

A Fat Men's Congress was recently held at Berlin, and the following data were collected: Herr Berg, a brewer, from Sraulau, was the largest man, weighing 399 pounds, or upward of 28 stone; Fer-

dinand Colin, from Angemunde, another delegate, weighing 365 pound; and Herr Hubert, a saloon keeper of Berlin, weighing 364 pounds.

We had the pleasure recently of hearing from Dr. Fayette C. Latham, who was formerly connected with the University of Maryland, in Baltimore, and who was obliged to relinquish a lucrative practice and seek the climate of Colorado for his health. Dr. Latham writes that he is entirely well, and expects to settle permanently in the West.

Dr. Marinus W. C. Gory, lecturer on military sanitary science, in the University of Amsterdam died on Dec. 27, after suffering from pulmonary disease for two years. He distinguished himself during the Franco-Prussian war, by introducing the Dutch ambulance system. He was an excellent linguist, speaking and writing French, German and English almost as well as his own tongue.

The Medical Profession in Russia.—The total number of diplomas of *Arzt* (medical practitioner), conferred during the past year by all the medical faculties of the Russian Empire, including the Military Medical Academy of St. Petersburg, was 685. The number of those who obtained the degree of Doctor of Medicine was 90.

The Baltimore Medical Association has elected the following officers for 1891:

President, Dr. J. E. Michael; Vice-Presidents, Drs. H. H. Biedler and John D. Blake; Recording and Reporting Secretary, Henry B. Gwynn; Cor. Sec'y, Jos. Blum; Treasurer, John Neff; Executive Committee, E. L. Crutchfield, John T. King, J. L. Ingle; Committee of Honor, John W. Chambers, Chas. H. Jones, W. F. A. Kemp.

La France Medicale, brings an article in which Laveran reports that the abcesses of the liver of warm countries contain pus which has proved completely sterile, at least in the ordinary culture media.

Histological and bacteriological examinations have not revealed the presence of amœbæ or microbes in this pus.

Perhaps the microbes which cause the formation of an abcess of the liver die rapidly from a mixture of the biie with the pus. In certain cases of hepatic abscess, the pus is manifestly tinted by biliary coloring matter. .

Perhaps also, the parasites which produce a liver abscess do not grow in the ordinary culture media.

The absence of pyogenic microbes, or at least the rapid destruction of these microbes in hepatic abscess, agree well with the slow and insidious progress of these purulent collections.

If there are no microbes in these abscesses, antiseptic washing of the abscess cavity after an operation appears useless especially since washing may cause accidents by breaking adhesions which are often very weak.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM JANUARY 6, 1891, TO JANUARY 12, '91

The assignment of Major James P. Kimball, surgeon, to duty at Fort Supply, Indian Territory, September 24th, 1890, Department of Missouri.

Brigadier-General Charles Sutherland, surgeon general, will as soon as practicable, repair to Washington, and assume the duties of his office.

Colonel Charles Sutherland, surgeon, was appointed surgeon general, December 23, 1890, vice Baxter, deceased.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JANUARY 10, 1891.

Surgeon M. L. Ruth, ordered to the U. S. S. "Newark," February 2, 1891.

Pd. Assistant Surgeon W. H. Rush, detached from U. S. S. "Saratoga," and to the U. S. S. 'Newark," Feb. 2, 1891.

Pd. Assistant Surgeon Richard Ashbridge, ordered to the U. S. S. "Sarato a."

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CONTENTS

ORIGINAL ARTICLES.

Successful Cataract Extraction in a Case of Advanced Retinitis Pigmentosa. By Herbert Harlan, A. M., M. D., of Baltimore. . . 265

Reports on the Koch Treatment of Tuberculosis at Berlin. By A. C. Abbott, M. D. . . 266

SOCIETY REPORTS.

Gynecological and Obstetrical Society of Baltimore. Stated Meeting held Dec. 9th, 1890. Placenta from a Case of Placenta Previa. The Examination of the Normal Pelvic Viscera. The Palpation of the Normal Uterine Appendages. 270

EDITORIAL.

The Reaction. 277

Xanthelasma. 278

Our New Morgue. 279

CORRESPONDENCE. 280

MEDICAL PROGRESS.

Pilocarpin in Skin Diseases.—Bulimia Consequent on Concussion.—Health and Longevity of Abstainers.—Placenta Prævia; Suppuration of the Pubic Symphysis.—Migraine and Hysteria.—Some Views of Newspapers in the West on Dr. Koch's Discovery.—Remote Results of Syphilis.—The Physiological Action of Oil of Pennyroyal. 280

MEDICAL ITEMS. 284

Official List of Changes in the Stations and Duties of Officers serving in the Medical Departments, U. S. Army and Navy. . . 286

Original Articles.

SUCCESSFUL CATARACT EXTRACTION IN A CASE OF ADVANCED RETINITIS PIGMENTOSA.

BY HERBERT HARLAN, A. M., M. D.
OF BALTIMORE.

In September, Mr. C., æt. 47, consulted me about his eyes. He had always suffered from a limited field of vision and night blindness. Between 1868 and 1875 he was examined by a number of the most prominent oculists including Leibrich, of London. All concurred in the diagnosis of retinitis pigmentosa, and in the prognosis that his sight would gradually fail until complete blindness resulted. He philosophically accepted the inevitable, and made the most of the vision he had. For the past 15 years he has occupied a responsible position under the government at Washington, and this notwithstanding the fact that his vision had gradually diminished until at the time of my examination, it was only $\frac{2}{200}$. He wrote without seeing, and read very large print imperfectly with a strong magnifying lens. His chief work was instructing the clerks under him in the routine of their duties.

He stated that the right eye had been the better one for the past four or five years. Previous to that time he had used the left exclusively. The vision in each was nearly the same by my tests.

A superficial examination showed a slight external squint of the right eye. The ophthalmoscope showed as expected, an advanced condition of retinitis pigmentosa in each eye, and a small central clouding of each lens. (Post-polar cataract). As usual, the large pigment cells were massed together around the periphery, and the small retinal vessels and white discs showed the accustomed pro-

gressive nerve atrophy. On account of the immature central cataracts the fovea could not be seen, though from the fact that the retina in the vicinity was free from pigment, and from the further fact that under wide dilatation of the pupils by atropia, his vision markedly improved, I decided that it was still fairly healthy, and that a removal of the cataracts offered him a good chance of improved vision.

Just here, however, came the question of the advisability of operating on an immature cataract. From the variety and appearance of the cataracts, I think it would have been many years before they would have been ripe in the general acceptation of the term, and in the interval the patient would probably be hopelessly blind from the retinitis. Again, since the introduction of the improved methods of operating it is not so necessary to wait for complete opacity of the lens.

On October 16th, I removed the left lens under cocaine anæsthesia, doing a large iridectomy, and washing out all debris of the lens from the anterior chamber with tepid boiled water in a DeWecker's syringe. The patient made an uninterrupted good recovery, and left the hospital for his home in Washington, seven days later, Oct. 23. On Dec. 1, I adjusted his glasses, and to my great gratification, plus 13 D, gave him $\frac{20}{40}$ vision, and with plus 18 D he read brilliant, readily and rapidly.

Two points are of special interest. 1st, that positive and extensive disease of retina and optic nerve does not necessarily contraindicate the extraction of a cataract, and, 2nd, that immature cataracts may be successfully removed. In this latter connection, however, I may say that while I usually operate for cataract without an iridectomy, and do not wash out the anterior chamber as routine practice, yet in immature cataract I consider it all important that both these things should be carefully done.

Of course it is not likely that the progress of the retinitis will cease in the above case, and it is likely that the promised blindness from this cause will eventually ensue. Yet there is every probability that the patient may continue to enjoy the above excellent vision for quite a number of years.

317 N. Charles St.

REPORTS ON THE KOCH TREATMENT OF TUBERCULOSIS AT BERLIN.*

BY A. C. ABBOTT, M. D.,

Assistant in Bacteriology and Hygiene in the Johns Hopkins Hospital.

The world-wide interest created by the announcement of Koch that he had discovered an agent which he hoped would prove of value in the treatment of tuberculosis, is at this time too well-known to require comment.

At the International Medical Congress held in Berlin in August 1890, he made a preliminary report in which he stated that he had by means of this agent succeeded, not only in rendering otherwise susceptible animals refractory to the inroads of the disease, but also in curing the disease after it had been in progress for a time. In a subsequent paper published in the *Deutsche Med. Woch.*, of November 13th, 1890, he gave the results of its action upon tuberculosis lesions occuring in human being.

In this paper Koch recommends that all those who desire to study the action of the agent in tuberculous troubles should, if possible, begin by observing the reaction following its employment in lupus. Less conspicuous, he states, but still plainly apparent, is the local reaction in tuberculosis of the lymph glands, the bones and the joints in which after an injection of the virus there constantly follows, in addition to the systemic symptoms, swelling, pain, and in the superficially located lesions, reddening. The reaction in pulmonary cases

*Remarks made at the Johns Hopkins Hospital Medical Society, January 5th, 1891.

is recognized by the systemic disturbances which have their expression in elevation of temperatures and, locally, by temporary exaggeration of physical signs.

The advantages following the use of the agent, as pointed out by Koch in this paper, are:—

(1) Its value as a diagnostic agent.—In tuberculous subjects a reaction constantly follows its use in small doses (1–4 mgrs.); in non-tuberculous subjects no effect at all is seen after its employment in similar quantities.

(2) Its action in surgical diseases.—In which it brings about either cure as in lupus or in which it renders the process amenable to surgical procedure, as is frequently the case in joint and bone lesions.

(3) Its value in pulmonary cases.—Upon which he remarks that the early forms of phthisis can certainly be cured by the employment of the virus.

Just what the *modus operandi* of the agent in these lesions is, it is, as yet, impossible to say. Only so much is positive, that the cure or benefit brought about by its use does not depend upon any disinfecting power over the bacilli themselves, but rather upon some nutritive change in the tissues in which they are located. In these tissues there is a sudden disturbance of circulation which results, as has been seen, in their rapid necrosis. The agent does not kill the bacilli but rather the tissue in which the bacilli are located. This action is, moreover, confined to living tubercular processes. There is no effect whatever upon already necrotic, caseous foci or upon nenecrotic bone lesions.

Following rapidly upon the contribution of Koch came reports upon the clinical aspects of the treatment as seen in many of the larger hospitals in Europe. On the whole the evidence was of such a nature as to render it important that steps be taken to give to our patients an opportunity of availing themselves of any benefit that might follow the employment of the agent in tuberculous trouble.

With this object in view the Board of Trustees of the Johns Hopkins Hospital decided to send me as their represenatative to Berlin for the purpose of making whatever studies I could in this department of work; my instructions being to make every effort to study not only the clinical features of the treatment but, if possible, to acquaint myself with the nature of the agent employed.

On the morning following my arrival in Berlin, there appeared in the daily papers, the address of the Minister of Ecclesiastics, &c. v. Gossler, made in the "Reichstag," on the day preceding. In this address it was stated that the composition of the agent discovered by Koch would not be made public, and that for the present it would be reserved as a Government monopoly; not, however, for commercial purposes, but with the view of limiting its employment until its value was thoroughly established, after which the method of production would, in all probability, be published.

In a conversation which I had with Professor Koch himself, a short time subsequently, he said that Minister v. Gossler had expressed entirely his views upon the subject. He added that the reason for the secrecy was simply to confine the use of the material to the practice of competent observers until its value could be established by accurate statistical evidence. When this was accomplished, he hoped to publish a full account of his experiments, and the technique employed in preparing the virus. Then, and not until then, he continued, will there be any statement made as to the nature of the remedy.

After this, my time was given to the study of the clinical feature of the treatment, and through the courtesy of Professors Leyden and Ewald, and Doctors Köhler, Westphal and Klemper, I had all the advantages in this department that one could wish.

In the department of "the Charité" over which Doctors Köhler and Westphal presided, opportunity was given me

for the study of a most interesting group of surgical cases, comprising lupus, joint tuberculosis, tuberculosis of the lymphatics and a variety of non-tuberculous cases which had received injections of the agent for purposes of studying its actions in subjects from whom the disease was absent.

In Professor Leyden's department, under the guidance of his assistant Dr. Klemper, a variety of cases of pulmonary tuberculosis, as well as cases with tubercular manifestations in other of the internal viscera were placed at my disposal.

Professor Ewald, of the Augusta Hospital, was also very polite in demonstrating patients who were undergoing the treatment.

I wish here to thank these gentlemen publicly, for their kind and considerate attention to me while I was a visitor to their clinics.

I shall not attempt to give in detail an account of the cases which were seen by me, but shall rather present the general conclusions at which I arrived.

Judging from the cases which I had the opportunity of seeing, I feel justified in concluding that the outlook for those coming under the head of "surgical tuberculosis" is a very favorable one. In the lupus cases particularly, one may say that up to date cure has certainly been effected in a fair number. These cases, as was pointed out by Koch, present altogether the most favorable material for the observation of both the systemic and local reactions following the injections and, as a rule, respond in an astonishingly rapid manner to the treatment.

In the group of surgical cases coming under the head of "joint tuberculosis" the injections of the virus have not rarely been continued until the systemic reaction practically ceased to appear even though large doses may have been reached, and still the local expression may have improved but slightly or not at all. In one such case that I call to mind, the joint cavity was subsequently opened, and in it was found a mass of necrotic tissue containing tubercle bacilli. This tissue was lying free in the cavity, and had evidently been thrown off from a point on the wall of the joint which still presented the characteristics of tuberculous tissue.

In a second case which I saw demonstrated there was every reason for believing that the condition was identical with that of the joint to which I have just referred. At operation, however, there was a conspicuous absence of anything in the joint that would lead one to suspect the presence of offending necrotic tissue. At one point, however, on the cartilage was an old scar, evidently of tubercular origin, and it is not improbable that the irritation of and effusion into the joint may have resulted from the local reaction in this bit of scar tissue; a reaction analogous to that seen in the scar tissue of the skin which remains after surgical operations for the removal of underlying tuberculous processes.

In the joint troubles of this character the best results which may be expected will be those arising from the action of the virus, combined with the treatment of the joint by the ordinary surgical measures.

It is as yet impossible to say what the result of the treatment in the pulmonary manifestations of the disease will be. Evidence in this department accumulates so very slowly that one is hardly justified in speaking confidently as to the results.

The employment of the agent in laryngeal cases of tuberculous nature should be conducted with the greatest care, and the treatment should begin with even a smaller quantity of the agent than that ordinarily employed as the minimum dose for other troubles. The extreme congestion brought about in the tissues of this organ as a result of the treatment may plainly be seen to be of an extremely dangerous, if not of a fatal nature.

As is well known, Koch has said positively that phthisical patients in whom the disease is but only slightly advanced can be cured by the systematic employ-

ment of the virus. In his experience this class of patients were in a number of instances pronounced as cured after from four to six weeks. He claims further that a patient in whose lungs cavities of limited extent exist, may be very much improved, and indeed almost cured by this method.

It has not been my province as yet to see any of the cases which have been reported as cured, though I have seen a number in which the tubercle bacilli were said to have disappeared for longer or shorter periods of time from the sputum of the patients.

From my personal experience in the wards in which the pulmonary cases were being treated, I feel constrained to say, that in my opinion, it is only with the greatest conservatism that one should express an opinion as to the result of the treatment. There is no doubt that many of these patients gave evidence of improvement, but for one to say positively that they were cured, would, I believe, be at present a little premature.

The characteristic reaction of the tuberculous patients after injection of the agent begins to appear in from four to five hours after administration.

As a rule it is ushered in by a chill which is closely followed by a rise of temperature often to 104° F. to 105° F. At the same time the patient complains of pains in the limbs, irritative cough, extreme lassitude, and not uncommonly vomiting. Less frequently a temporary icterus of a hæmatogenous nature has been observed, and not uncommonly there appears upon the breast and arms an exanthematous eruption closely resembling that of measles. The attack lasts usually from twelve to fifteen hours, after which the temperature does not ordinarily rise again until another injection of the agent is made, when the reactionary symptoms reappear. Exceptionally a secondary, though less marked rise of temperature is seen on the following day, even though a second administration of the agent may not have been made.

In reactionary fever following upon an injection of the agent, the rise of temperature is commonly much more rapid than the subsequent fall. The temperature in falling, not uncommonly reaches a subnormal point often going as low as 96° F.

After reaction has passed away, there is a conspicuous absence of anythlng that could point to the acute attack through which the patient had passed but a few hours before.

The local reaction can, of course, be best seen in those cases in which the lesion is most superficial, and for this purpose the lupus cases offer the most favorable field. In this group the selective affinity of the agent for tuberculous processes is seen in a most astonishing manner.

In but a few hours after the injection, which is usually made at some distance from the point of disease, there appear changes in the diseased tissues which indicate the beginning of some profound alteration in the affected area. As the fever rises the lupus tissues become reddened and swollen. This continues, until through the lupus tissues there exist spots of a brownish red color. These spots, when sharply circumscribed and isolated, are not uncommonly surrounded by a pale zone, which is in turn surrounded by an area of intensely congested tissue. The skin over the whole of the diseased area is tense and from the ulcerating points a thin watery exudate commonly escapes.

With the decline of the fever there is a diminution in the intensity of the local reaction so that after two or three days the reddening and swelling have usually disappeared. The ulcerated spots and the parts from which there had been an exudation are now covered by a brown crust and over the smoother portions of the diseased area small, loose, patches may be seen.

It is important to observe in this local reaction that very small isolated patches of lupus tissue, the presence of which may not previously have been observed, are

commonly rendered apparent through the alteration which the agent affects in their ordinary condition. Even the most minute nodules which may exist in the unsuspected portions of the scar tissue, left after there had been an effort at natural healing, are brought to view.

Probably the most conspicuous feature in the action of the agent is its selective affinity for tuberculous tissue. In the local reaction seen in the lupus cases, it matters little how intense the changes may be, there is practically no alteration in the healthy skin in the neighborhood of the process. For the same reason it is most striking to observe the action of the agent upon the lung tissues. Not uncommonly there appears after the first or second injection hitherto unsuspected localized points in the lungs which present physical signs not distinguishable from those accompanying small areas of tubercular infiltration.

In two cases which came to my notice I saw this result follow the injections. These patients were selected with great care as "control cases." Their lungs were carefully examined, and from physical signs (no expectoration being present) tuberculosis was excluded. After the first injection there appeared in the apex of the right lung in the one, and in the apices of both lungs in the other, a condition which gave all the characteristic signs of incipient tubercular infiltration. That this condition was tubercular it was at the time impossible to say positively, as no bacilli were found, there being up to the time no expectoration, but from the physical signs and the characteristic systemic reaction, there is but little room for doubt.

The exaggeration of the physical signs and general condition of the patient is likewise a common temporary result of the first injections.

In certain cases in which there has been much loss of tissue, where the vessels of the lungs are exposed and their walls weakened, hæmorrhage is not uncommonly an accompaniment of the intense congestion brought about in the vessels of the diseased area.

Of the rarer complications may be mentioned icterus of a hæmatogenous nature, temporary albuminuria, and diarrhœa in children.

To summarize then the conclusions which I was led to draw from the cases seen by me, it may be said:—

(1) That the outlook in surgical cases of tubercular nature is good, particularly in those most superficially located.

(2) In the lung cases the outlook appears to be fair if the cases are treated sufficiently early. For advanced cases I think it would be premature to do more than speculate, in view of the existing evidence.

(3) The intestinal cases, so far as they have as yet been observed, are unpromising.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD DEC. 9TH, 1890.

Vice-President Dr. Charles H. Riley in the chair.

Dr. Wm. E. Moseley related the following case:

Mrs. Maggie G., a light colored woman, about 30 years of age, twice married, had had two children by her first husband. Had suffered much during the past twelve years from dysmenorrhœa; had been unable to do ordinary work.

Examination showed the uterus to be retroflexed and firmly bound down, but the character of the adhesions could not be definitely made out. There was an irregular shaped elastic mass in the position of either tube diagnosticated as cystic ovaries, together with chronically inflammed tubes. All the pelvic tissues were very sensitive to pressure. There was a deep, double laceration of the cer-

vix, and a lacerated perineum with very lax vaginal wall, but only slight rectocele.

When her abdomen was opened the mass on either side of the pelvis was found to be composed of a cystic ovary, and the corresponding tube firmly matted together by old organized adhesions, each mass being firmly bound down to the pelvic wall by numerous strong and many more recent adhesions. There were also adhesions to the omentum. The left ovary ruptured before it could be removed. The mass in the right side appeared to be a large hematosalphinx, but examination proved it to be an ovarian cyst, into which blood had entered from a ruptured Graafian follicle. The adhesions behind the uterus were very broad, strong bands, and were pulled off the uterine walls. All possible care was used to secure the patient against hæmorrhage, and the abdomen was douched out with hot boiled water until the return flow was practically colorless. A glass perforated drainage tube was introduced to the bottom of the cul-de-sac, and the incision closed about it. The extreme difficulty of separating the adhesions and the douching, prolonged the operation to about one and a half hours.

Although stimulants and artificial heat were pushed, no reaction could be obtained, the temperature never reaching 95°, and the patient died about six hours after the operation, apparently from shock. At no time was there any discharge of blood from or even bloody fluid from the drainage tube. Dr. N. G. Keirle, however, kindly examined the pelvic cavity, post mortem, and reported that death was due to hæmorrhage, the exact course of which could not be made out. Dr. J. Whitridge Williams kindly furnished the pathological report which will be given below.

Dr. Thomas Opie, exhibited a

PLACENTA FROM A CASE OF PLACENTA PREVIA.

that he had gotten a few hours before the meeting.

The patient was 35 years of age, and had born one child previously. When he saw her first she was blanched and exsanguine. The blood flow began three days before with a loss of a quart, and continued with more or less rapidity up to the time of operation. Her confinement was not expected for two weeks. When first seen by him there were some rythmical pains and some dilitation. The cervix was dilated with the fingers and the cone of the hand; the placenta was detached with a sweep of the fore finger around the cervix, the bag of waters was artificially ruptured and traction—rod forceps applied. The child was delivered in fifteen minutes without further loss of blood: the placenta coming away simultaneously with the birth of the child. Though the position was occiput posterior there was no laceration of the perineum and the child was unscathed. Both mother and child were left doing well.

Dr. Opie also exhibited a specimen of an ovarian tumor which he had recently removed. The tumor had developed into the epigastric region, and the abdomen was about as large as it would have been at the full term of pregnancy. It took two hours to break up the adhesions which were very dense between the tumor and the intestines and between the tumor and the omentum. The second tumor was taken from the pelvis. It was avoidal in form, about seven inches in length, by five inches high and four inches thick. It was removed entire, and upon section it proved to be a dermoid growth. There was no history of previous peritonitis to account for the extensive adhesions. The patient had never had a day's discomfort, other than from the size of the cyst. She did not know until four months ago that she had a tumor. The material in the large cyst was colloid. Notwithstanding the extensive adhesions, the length of time consumed in breaking them up, and the injury resulting from the operation, the patient has made a good recovery, this being the seventeenth day after the operation.

Dr. Howard A. Kelly: The term colloid is often used in two senses. An incorrect use, describing the yellowish, more or less opalescent, thick, viscid material, often found in ovarion cyst; it is employed in such cases as more or less synonymous with gluey. The other use of the term is to describe a rare condition, in which the contents of the cyst are more like calf's foot jelly, and have a vitreous fracture they are with great difficulty removed, clinging to every thing. This latter is true colloid, and when found such tumors are of a suspiciously malignant character; this should limit the use of the word to the latter condition.

I wish to refer to two minor matters of interest suggested by this specimen of placenta previa. The position which the placenta has occupied in the uterus can accurately be determined by the position of the opening in the membranes made by the passage of the child, inasmuch as the fundus uteri must of necessity be just opposite to this perforation. We can therefore by reconstructing the membranes see just in what part of the uterus the placenta lay. In one of my placenta previa cases there was no hole at all in the membranes, as I had extracted the dead child through a perforation in the placenta. We can do still more than this in the way of a diagnosis with the membranes. By allowing them to be expelled untouched into the bed, and carefully observing their exact position, we can tell as well on which side of the uterus the placenta was attached.

The second point is that we may have placenta previa hæmorrhage without being able to detect a placental margin, owing to a low attachment of part of the placenta, near the internal os, below the contraction ring, but not over the hole of the cervical canal. The lower part of a placenta thus attached is separated by the opening up of the lower uterine segment.

Dr. L. E. Neale said: Although Dr. Kelly had alluded to a point of some interest, it is of far more practical importance to recognize placenta previa prior to its expulsion, and as far as he knew, this could only be done with certainty by digital examination; partial placental separation and rupture of the membranes during labor in cases of placenta previa, was outlined by Mariceau as early as 1668, but was fully described by Puzas in 1759; he saw nothing in the history of the present case as related by Dr. Opie that contraindicated the method of Braxton Hicks, a method that up to the present time had given by far the best results, viz: $4\frac{1}{2}$ per cent. maternal mortality. If this method when practicable could be performed earlier than delivery by any other method, and was not difficult and gave the best results, why not have applied it in the present case ?

Dr. Wilmer Brinton asked why Dr. Opie objected to the tampon in cases of placenta previa, he thought no arbitrary law could be applied.

Dr. Opie said in closing the discussion that results of operative procedure depended largely upon the skill and familiarity of the operator with the special operation resorted to; in the first case of placenta previa he had attended, he had turned and lost both mother and child. With rapid dilitation and forceps he feels that he has command of the situation, and having resorted to that method repeatedly, had gained greater skill and does better work. While Dr. Neale might do better by some other method, he is fully satisfied that he does best himself with the forceps. He is opposed to the use of the tampon because it conceals what is going on; it is not best to wait for pains. He is in favor of rapid dilitation and delivery in placenta previa, in puerperal eclampsia, and in abortion; to put in a tampon and go away is hazardous. The tampon is of very little use in hæmorrhage.

Dr. Kelly read a paper upon

THE EXAMINATION OF THE NORMAL PELVIC VISCERA.

describing various bimanual and triman-

ual methods of palpating the normal ovary.

Dr. Wm. P. Chunn: When speaking of what should be found or can be found at an examination, it is necessary to consider the circumstances under which the examination is made. Office examinations are the most usual, and all the facilities are not usually at our command, and this circumstance should be specified and taken into account. Certain advantages in methods give certain advantages in results. Of course where the woman has no ovaries or where the ovaries are not in the pelvic cavity they can not be palpated.

Dr. Hunter Robb: I thoroughly agree with Dr. Kelly that the normal ovary can always be palpated under an anæsthetic, and also that in a large number of patients the ovary can be outlined without anæsthesia. Four years ago Dr. Kelly taught me the method of examining the ovary by invaginating the perineum, and I can testify to its utility. This lengthens out the examiner's finger, and thus enables the practitioner who has a short finger to accomplish it with almost the same facility as a longer one. The corrugated tenaculum devised by Dr. Kelly, may be used to advantage with nulli, parous patients to define the uterus and its appendages still further. No one of course would think of using it in inflammatory conditions of the pelvic cavity.

Dr. B. B. Browne said that he had listened with much pleasure to Dr. Kelly's paper, and congratulated him upon the admirable manner in which he had systematised these valuable methods of pelvic examination—methods which most of us had been using in our gynecological practice for several years. He generally preferred the use of two fingers in the vagina, as he could thus make a more satisfactory examination of the tubes and ovaries, than with one finger. In many cases a more accurate idea of the adhesions can be had by getting the finger above the ovary, and fixing it between the finger and the spinal column. Pulling down the uterus aids diagnosis very much.

Dr. Opie said that there were few objections to Dr. Kelly's paper, but it seemed that the elbow on the hip is incompatible with delicacy of touch; the law as expressed by Martin being: "The more lightly the parts are touched, the easier the goal is reached, and the less the force that is employed, the more distinctly things are felt." He thinks it a cruel sort of thing to drag an organ out of its position, and would like to know how much displacement can be made with the tenaculum without producing dangerous trouble, for example, cellulitis, metritis and injuries to the periuterine tissue. He had met a number of cases in which he had not been able to make out the ovaries. Dr. A. Martin says he can palpate normal tubes, but Dr. Opie has never been able to reach that degree of perfection.

Dr. Neale referred to the possibility of tracing out the ureters through the anterior vaginal wall as had been demonstrated to him by Dr. Kelly, at the Hopkins hospital clinic. He had no doubt that in a large majority of cases, the normal ovary could be displaced out of its normal position and palpated or touched with ease through the vaginal walls. He believed that a great deal of difficulty in an ordinary gynecological examination was due to the fact of neglecting to empty the bladder or to employ the rectal touch.

Dr. H. P. C. Wilson said there were a large number of women in whom he was sure he could not palpate the ovaries, and he was doubtful if any one could do so. The uterus is often found fixed in the pelvis as in a mass of putty, and no definite outlines can be made out. In other cases the abdominal walls are from two to four inches thick with fat, and in such cases he had failed to find the ovaries.

Dr. J. Whitridge Williams said that he could certainly feel the ovaries in four cases out of five, and that he had succeeded occasionally in finding the ureter.

Dr. Moseley: The old teaching is that the ovaries can not be palpated in their normal position. When an ovary can be found by an ordinary examination its location may be fairly considered as abnormal. If Dr. Kelly's idea that all men who cannot make out normal ovaries should be thrown out of the specialty, should be enforced a large number of experienced and thoroughly informed specialists would be excluded from practice. It is practically impossible to examine every patient thoroughly enough to make out the normal ovaries in office examinations. In dispensary, and more especially in hospital practice the case is very different.

Dr. Browne thinks that the cases in which the ovaries cannot be felt are the abnormal cases; if the symptoms point to an examination of the ovaries they can be made out, but if necessary an anæsthetic should be given.

Dr. Kelly, in closing the discussion said that he examines every case coming to him, vulva to ovaries, making a special note of every important organ.

When the patient complains of persistent pelvic pain the examination is never considered complete or the diagnosis sure, without a special note as to the condition of the ovaries. I have been asked about examining the ureters by palpation. They can be felt in almost all cases, being distinctly traced from the anterior part of the pelvis back to the side of the uterus. Pressing upon a diseased ureter causes a desire to pass water, often irresistable. I prove that this structure is a ureter by catherterizing it. The catheter can be felt through the vaginal wall outside the bladder, in the ureter, and the urine collected as it comes down from the kidney drop by drop. The Fallopian tube can often but not always be made out.

The amount of displacement of the uterus which can be made without injury, is considerable. In normal cases it can easily and without harm or pain be brought down to the vaginal outlet. When there is fixation, gentle traction can be made until pain is felt. In these case I use traction with the corrugated tenaculum, and then pushing up the fundus with the finger practice massage stretching the adhesions. I am sure that the downward traction to the vulva without pain never does any harm.

Dr. J. Whitridge Williams' remarks upon the pathological specimens submitted to him by Dr. Moseley, Dr. Wilson and Dr. Opie.

The specimens submitted by Dr. Moseley are of considerable interest, and consist of the uterine appendages from both sides. The specimen from the left side consists of the Fallopian tube, ovary and part of the broad ligament. The tube was completely occluded at its fimbriated end, but otherwise presenting nothing abnormal, except numerous small adhesions. It contained a very small amount of dirty yellow fluid, consisting of columnar ciliated epithelial cells, and numerous disintegrated cells. The ovary was considerably torn and covered by very dense adhesions, while the broad ligament presented nothing of note. The specimen from the right side was an irregular mass of tissue about 5x4x1½ cm., consisting of the tube and ovary, imbedded in dense adhesions. At first glance the mass appeared to be composed of two parts, a longer solid anterior portion covered by dense adhesions and posterior to it a cystic structure about 4x1½ cm. in size. This had a bluish color, thin wall, and was intimately connected with the rest of the mass. Imbedded in the adhesions a piece of the ampullar end of the tube was found which could be traced for about 4 cm., and then lost itself in the mass, and appeared to have no connection with the above mentioned cystic portion. The main portion of the mass on section was shown to be composed of ovarian tissue, which was covered and completely hidden from view by very dense adhesions. It contained two tolerably fresh corpora lutea about 1½ cm. in diameter. The larger of these corpora lutea communicated by a small opening with the cystic portion above mentioned, which

contained a thin reddish watery fluid, containing blood cells. On cutting open this cystic portion, its walls were found perfectly smooth, with several smaller cysts projecting into it. These varied in size up to 2 cm. in diameter, and were filled with a clear watery fluid, and arose directly from the ovarian tissue. On examination the scrapings from the walls of these cysts, I found that they were lined by a layer of almost flat cutoidal cells, which were distinctly ciliated. These cysts could not have originated in the tube as was readily demonstrated by their arrangement in relation to the larger cyst, and by the lining epithelium which was totally different from that of the tube. Their smooth interior precluded the idea of a ciliated papillary cystoma; and the only probable thing for them to be were dropsical Graafian follicles, which had been prevented from rupturing by the dense adhesions covering them, and so attained their large size. The fact that they were lined by ciliated epithelium, is not at all opposed to this supposition; for cilia have previously been found in the dropsical Graafian follicle, as was shown by Von Velits, of Budapest, about a year ago; and as I found altogether independently of him, last spring. But as yet I have not made a sufficient number of observations to assert that all dropsical follicles are lined by ciliated epithelium. The blood in the large cyst in all probability came from the corpus luteum with which it was connected. The adhesions about the ovary were particularly dense and resisting. The diagnosis from the specimen is pelvic peritonitis, with adhesions binding down the adnexia on both sides, particularly the right side, with several very large dropsical Graafian follicles.

The specimen submitted to me by *Dr. H. P. C. Wilson,* was a small myoma about 3 cm. in diameter and bore on one surface a piece of vaginal mucous membrane the size of a two cent piece. The tumor was submitted to me to decide whether its origin was from the anterior fornix or from the uterus itself. Sections made through the tumor and the vaginal mucus membrane readily showed it to be a myoma which was separated from the submucous tissue and epithelium by numerous bands of non-striated muscular tissue. From the presence of muscular fibres between the tumor and epithelium, I think we are justified in concluding that it was not of vaginal origin. Were it of vaginal origin it should arise from the submucous tissue and be immediately adjacent to the epithelium and not separated from it, as it was in this case by muscular tissue. Force is lent to this couclusion by the fact that vaginal fibroids are very rare indeed, and many of the reported cases, especially fibroids from the anterior fornix, had their origin in the anterior wall of the uterus instead of the vagina.

The specimen submitted by *Dr. Opie,* was a greatly hypertrophied posterior lip of the cervix which measured 5 cm. in length and 2cm. at its broadest part. Microscopically it was found to consist of almost normal cervical tissue, with only a very slight increase of the connective tissue. Except at its cut surface the entire mass was covered with the usual stratified epithelium.

Generally speaking we may distinguish two forms of hypertrophy of the portio-vaginalis—follicular and diffuse or simply hypertrophy. The first form is due to an increase in number and size of the cervical glands, with frequent retention of their contents, and is quite frequent but never attains a very great size and is readily distinguished by its nodular appearance. The diffuse or simple form of hypertrophy is far more important. In this there is a general increase in all the elements that compose the cervix, though there may be a slight increase in the amount of connective tissue, as there was in this case.

Dr. Howard A. Kelly read a paper upon

THE PALPATION OF THE NORMAL UTERINE APPENDAGES.

(Published in full in the February number of the *Amer. Jour. of Obstetrics.*)

He stated that the normal uterine appendages could always be palpated. There are two avenues of approach, by the vagina and by the rectum, and three ways of utilizing these avenues. First, with one hand, second with two hands employed bimanually, either by vagina or rectum, and third, the trimanual method, by vagina and by rectum.

First. The examination with one hand is unsatisfactory, and the ovary cannot even be felt unless abnormally displaced downward into the recto-uterine pouch.

Second. The success of the bimanual examination depends upon the downward pressure with the external hand displacing the abdominal walls in the direction of the ovary to be palpated, and thus affording a resistant plane against which the ovary can be felt by the internal hand. The internal hand must be used to invaginate the perineum, which is thus displaced upward into the pelvis. This invagination gives the examining finger, even though it be a short one, the necessary length. One, often even two inches, are thus gained to the palpating finger. Care must be taken in making the pressure necessary to produce this invagination, not to stiffen all the muscles of the forearm, thus impairing the tactile sense.

The rectum is of all others, the best avenue for approaching the structure lateral to the uterus, affording as it does a wide open channel through-out the whole length of the pelvis.

Where the structures cannot be reached at once through the rectum, they are brought within easy touch by bringing the uterus and ovaries into an *artificial retroposed* anteflexion, the mechanism of which was carefully described, by diagrams.

Dr. Kelly had, in this way, palpated fibroid tumors on the posterior surface of the uterus near the fundus, not as large as a pea.

Third. The trimanual examination is conducted either by the vagina or by the rectum and vagina, assisted with the hand above. The peculiarity of this method is an *artificial descensus uteri.* The uterus is grasped with a pair of bullet forceps and drawn downward until the cervix is seen at the vaginal outlet, and while an assistant holds it in this position the gynæcologist uses his hands bimanually. To obviate the employment of an assistant, Dr. Kelley has invented an instrument, which he calls the corrugated tenaculum, flattened and roughened so that it can be readily held between the last phalanges of the third and fourth fingers and the ball of the thumb, while the index finger of the same hand, assisted by the abdominal hand above is engaged in making a vaginal or rectal examination.

By one or the other of these methods, the uterus, broad ligaments and ovaries and tubes are within reach of a most thorough and searching examination, revealing at once the smallest abnormalities.

WILLIAM. S. GARDNER, M. D.,
Secretary.

EARLY TUBAL PREGNANCY.

Dr. Orthmann (*Zeitschrift f. Geburtsh. u. Gynäk.*, vol. xx, 1890, p. 143) has examined ten cases under the clinical observation of Dr. Martin, of Berlin. He concludes that if a solid organized blood clot be found in the interior of the tube, it is probably, if not certainly, an indication of tubal pregnancy. Intraperitoneal hæmatocele, in relation to tubal pregnancy, arises either from a rupture of the sac or from abortion of an ovum occupying the abdominal orifice of the tube. In order to diagnose, through examination of the parts, an early tubal pregnancy, the presence of decidua cells is not an absolute necessity; but in all casses of tubal pregnancy of the first month, tufts of chorionic villi are to be found. These reseaches help to distinguish true cases of very early tubal gestation from ruptured hæmatosalpinx due to other causes.

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BALTIMORE, JANUARY 24, 1891.

Editorial.

THE REACTION.

Times and methods may change but human nature remains, in all essential respects, the same. The mob which cried "Crucify Him; Crucify Him" was the same, which a short time before had sung "Hosanna in the highest." A few weeks ago it was a race as to who could give Koch the highest praise, and even now the pendulum has begun to swing in the other direction and fault is found with him upon every conceivable ground. The public, medical and general, went wild with enthusiasm, not, be it noted, upon any definite statement Koch had made of the powers or possibilities of his method, but upon a basis, largely factitious, the result of its own enthusiastic imagination, and now that it is obvious that this suggestion of the great investigator will have to be worked out, step by step, before we can rightly appreciate its importance, the tendency is to blame some one for having claimed too much. This state of affairs will not surprise any one who has paid serious attention to the vageries of humanity since its counterpart has been witnessed so often. It nevertheless, becomes the duty of those who were disposed to consider the matter calmly, from the first, and to repress the undue enthusiasm which manifested itself upon the premature and exaggerated announcement of Koch's results, to again exhibit their true conservatism in urging a deliberate and conscientious study of the method, and an unbiased judgment of the value of its results. Time must be given for more extended experiments than have yet been made so far as permanent results are concerned. Even in the cases of lupus which have been cured soms tendency to relapse has already been reported and it seems to have been pretty definitely demonstrated that advanced cases of lung tuberculosis are much more likely to be hurt than to be helped by the injection of the lymph. Prof. Hacklund, as we noted in our last issue, is convinced that we cannot yet afford to throw away our curettes, and the doubting Thomases appear about to have their innings.

. . . . .

We made the remark in our last issue, that if it should in the end be shown that the agent could do nothing more than produce a characteristic reaction which could be relied on in cases affected with tuberculosis, it would amply justify all

the time and labor which its elaboration had cost. It appears, however, that this quality is not allowed by some of those who have investigated the matter. Kaposi and Schnitzler, of Vienna, have not been able to convince themselves that the reaction is characteristic. They claim that it has been marked in some cases of cancer and leprosy experimented on, and absent in some well-marked cases of tuberculosis. We sincerely hope that the well-known jealousy which exists between Vienna and Berlin, may have obscured the mental vision of the gentlemen named, (sad as such an admission must be) and that the positive and repeated statements of other experimentors in our own as well as in other countries, will be found to be in accordance with the facts, but we cannot forget the convincing reports we have read, emanating too from the most respectable sources, of the cures of cancer by chian turpentine, the cures of consumption by the Bergeon treatment, and the pneumatic cabinet, the wonderful rejuvenating effects of the testicular elixir and many other such remedies, and we must still hold ourselves in the attitude of expectancy.

. . . .

The publication of the composition of the remedy seems to have created a surprise almost akin to alarm in the minds of some, and doubts have been even expressed as to the genuineness of the article giving the news, but since some days have passed without denial, we feel that we may accept it as reliable. The expectation that it would turn out to be some product of the bacilli is justified, and the honorable intention of Koch to give the world the benefit of his discovery, can no longer be doubted, if indeed it was ever doubted at all. Now we have a fair field and no favors, and the scientific world is at liberty to forge ahead in any direction it may select, and we shall have the opportunity to determine whether we have attained a result which will make a fitting culmination to that restless, ever-progressive, scientific investigation which has given us vaccination and antiseptic surgery, not to mention the hundreds of minor laurels it has won, or to record one of the many honest errors into which too enthuastic devotion has led its votaries.

XANTHELASMA.

Xanthelasma or Xanthoma is, according to Duhring, a connective-tissue new growth, characterised by the formation of yellowish, circumscribed, irregularly-shaped, variously-sized, non-indurated, flat or raised patches or tubercles. Two varieties are found,—the macular, which will presently be more fully described, and the tubercular, which includes the larger forms which are more decidedly raised above the level of the surrounding skin, and are sometimes slightly painful. In the macular form the body is spotted with little yellow or yellowish-white dots and patches, which are soft and dry, and resemble little bits of chamois leather stuck on to the surface of the skin or inlaid into its superficial tissues.

They begin as pin-head or pea-sized formations, and generally increase slowly in size throughout the lifetime of the patient. They may, however, disappear spontaneously. The treatment is excision, destruction by electrolysis, or the application of corrosive sublimate solu-

tions. It is believed that the disease process is a connective tissue, new growth accompanied by fatty degeneration.

In the *Jour. Cutan. and Genito-Urin. Diseases*, July, '90, Dr. Jackson reports a case of this variety which is worthy of note on account of the youth of the patient, and of the unusual distribution of the lesions. The disease has been known to begin at all ages up to adult life, one congenital case having been reported. The patient in question was a boy five years of age, very thin, of blonde type, with pale skin. The spots were said to have appeared all at once, without antecedent disease, and it was thought that no new ones had been seen since the first outbreak at the age of three months. Upon inspection it was found that the whole surface of the body, with the exception of the hands, feet and scalp, was occupied by the lesions, which were of the size of a split pea, or a little smaller, and had a central depression. They were soft to the touch, and varied in color from a lemon-yellow, where they were sparsely scattered, to an orange-yellow in the clusters, and a reddish-brown about the joints. Even where they were closely grouped, as upon the extremities, each lesion was distinct from the others, and each group was separated from its neighbors by healthy skin.

Upon the eyelids the lesions were closely clustered, and presented the typical chamois-leather appearance. On the back and neck were a number of light-brown pigmented spots, which were said to have been left by lesions, which had disappeared. The boy had always been active, joining in the games of his playmates. Jaundice, which has been noticed as a complication in some recorded cases, was not present in this patient, and had never been observed in him. The appetite was good, the digestion excellent, and the urine contained neither albumen nor sugar. No treatment is mentioned possibly because the microscopic examination of the lesions was not yet finished, but it was evident that the local methods mentioned above, could not be sufficient in a case where the spots were so numerous. A very striking chromo-lithograph of the patient accompanies the paper.

OUR NEW MORGUE.

Thursday, January 15, was the formal opening of the new city morgue, corner Lancaster street and East Falls Ave. Our chief health officer, Dr. Rohé, was instrumental in a large degree, for getting the building, and especially it is due to his efforts in making a model morgue, with latest and most useful improvement, at very small cost.

He in company with Building Inspector Oster, had visited the morgues in various cities, seeing many costly, but useless contrivances, and learned a good deal about the subject of which he made use in having this one arranged.

To the right as you enter, there are refrigerator-like boxes accommodating four bodies. From this room an elevator runs to the second floor, for conveying the bodies to the post mortem room, which is really a model one, with its light and ventilation.

There is also a room for microscopic examination, one for the coroner's office, and closets for keeping the clothes and effects of those brought there.

After Dr. Rohé's reading of the ordinance passed by the City Council provid-

ing for a morgue, and explaining the various things, he invited the guests present to partake of a lunch provided in one of the rooms.

Correspondence.

Editor Maryland Medical Journal:

Dear Sir:—The following is the sign of a "doctor" practising in my neighborhood:

"John Eha
bro D Herbes
cure all diseases
by root leave
urbes & Bark
nail and females dos
es and &"

I give it literatim and verbatim.

Yours,

E. F. C.

Medical Progress.

PILOCARPIN IN SKIN DISEASES.

Dr. Klotz (*Jour. of Cut. and Genito-Urin. Dis.*, November, 1890), treated cases of eczema with daily hypodermic injections of ten to fifteen drops of 1 per cent. solution of muriate of pilocarpin. The first case was that of a man, aged 28, who had suffered for several years from eczema. The skin showed no great infiltration in any part of the body, but was dry, hard, resistent and slightly scaling. After the fiirst injections the reaction was very slight, moderate moisture appearing on some of the less affected portions, but it generally became more distinct, and after about twelve injections a general secretion of sweat was produced. The patient left the hospital after the seventeenth injection. The scales had almost entirely disappeared, the skin was much softer and more pliable, and showed "more natural turgor and elasticity," itching having become very insignificant. The second patient, aged 21, suffered from eczema squamosum and rimosum of both palms, which were covered with a very hard and thick horny skin divided by numerous cracks. Other treatment having failed, daily injectious of pilocarpin were given, the patient at that time being unable to bend or close his fingers. After nineteen injections perspiration, which had previously appeared on the forearms, wrists, and back of the hands, now appeared for the first time on the palms. On June 1st the horny condition of the surface of the palms had entirely disappeared, the skin looked natural, showed all the ridges and indentations of the surface, and was soft and pliable, and the patient could move and close the fingers without any pain or difficulty. A third patient suffered from a general papular eczema, which was attended with considerable thickening on the flexor aspects of both elbows. Over the chest and abdomen and in a milder degree on the extremities the skin was hard, dry, slightly scaling, dark brown in color, with numerous small hard papules of a somewhat lighter color. The patient left the hospital after eight injections, at which time the skin had lost a great deal of dryness and hardness, the papules had been greatly reduced in size, and the itching had almost disappeared. In the discussion at the meeting of the American Dermatological Association which followed the reading of this paper Dr. Hardway stated that his experience of this treatment in ichthyosis, eczema, alopecia and pruritis was not such as to lead him to continue it.—*Brit. Med. Jour.*

BULIMIA CONSEQUENT ON CONCUSSION.

A curious effect of concussion of the brain—i. e., the occurrence of bulimia or excessive hunger—is reported by Dr. Putawski in the *Gazetá Lekarski*. The patient was a well-developed and robust young man belonging to the peasant class, who struck his head against a stone

in a fall from a wagon. When admitted into the hospital he was insensible; there was bleeding from the meatus of the left ear, and his jaws were firmly clenched. No serious external injury was to be seen. For the first three days he was drowsy and delirious by turns. On the fourth day there was paralysis of the left facial nerve, with ptosis on that side; the tongue also was protruded to the right. Examination of the ear revealed, what had been suspected from the first, a fracture of the base of the skull, and more particularly of the petrous portion of the temporal. On the fifth day consciousness returned, and at the same time the man became inordinately hungry, the usual diet for convalescents, even when added to from various sources, not nearly satisfying him. He complained constantly of hunger, and even cried for food. Six pounds of bread daily, besides other articles of diet, were insufficient. By means of the œsophageal tube it was found that three ounces of bread and half a pint of tea had passed from the stomach in an hour. There was no special thirst, the bowels acted regularly, and the quantity of urine varied from one to two litres per diem. After the man had been ten weeks in hospital his appetite became normal again. He was then discharged, and it was remarked thas his temperament had changed from a gay and lively disposition to a quiet and complaining one. He expressed great surprise at the quantities of food he had taken during the time he was in the hospital.—*Lancet.*

HEALTH AND LONGEVITY OF ABSTAINERS.

At the last meeting of the British Medical Temperance Association, a paper was read by Dr. C. R. Drysdale, in reply to some doubts as to the superior health and longevity of total abstainers from alcohol. He referred to the report of the Collective Investigation Committee of the British Medical Association on alcoholic habits and mortality, which is still being used extensively by opponents of total abstinence, in spite of the disclaimer of Dr. Owen and the explanations given by others. After quoting the statistics of Dr. Ogle, Mr. Neison and others, which showed the very high mortality of persons engaged in the liquor traffic, he instanced the results of the United Kingdom Temperance and General Provident Institution, which showed that, from 1866 to 1889, 5,894 deaths, and claims for £1,470,147, were expected in the General Section (non-abstainers), and that 6,645 deaths occurred=96 per cent., and £1,428,671 were claimed; in the Temperance Section (total abstainers), 4,542 deaths, and claims for £983,307 were expected, and 3,198 occurred=70 per cent., and £564,832 were claimed, showing an immense difference in favor of the total abstainers. The Sceptre Life Association was also instanced as having two sections, and in this office in the General Section during the last six years 569 deaths were expected, and 434 occurred=76 per cent.; in the Temperance Section 249 deaths were expected, and 143 occurred, or 57 per cent. At the same time the average age of those dying in the General Section was 51.3 years, and in the Temperance Section 44.2 years—a result, as was explained in the discussion—due to the fact that the average age of abstainers is at present much below that of all males. He also noted the fact that several accident insurance offices reduce the premium to abstainers, the secretary of one having explained this as not so much due to the number of accidents being slightly less, but to the fact that abstainers recover more quickly. He also compared the rates of mortality in the Foresters and Rechabites, showing a constant difference in favor of the latter at every age. The days of sickness per member were for the Rechabites 6.16, for the London Grand Division of the Sons of Temperance 5.5, and for the Odd Fellows 10.5 days.—*Brit. Med. Jour., Dec.* 27, '90.

PLACENTA PRÆVIA; SUPPURATION OF THE PUBIC SYMPHYSIS.

Lennander, of Upsala (*Nouvelles Archives d' Obstét et de Gynéc.*, October, 1890), describes three cases of placenta prævia, one followed by a formidable complication. A women who had born two children had lateral placenta prævia at her third labor. The orifice of the cervix was wide enough to admit several fingers. Podalic version and immediate extraction was practised. During the puerperium, fever with pain in the region of the symphysis set in. The linea alba immediately above the pubes was incised, and an abscess the size of a child's head was thus opened. It contained pus of a penetrating odor. The symphysis parted, and pieces of bone and interarticular cartilage came away. Dr. Lennander did not feel certain whether the parting of the symphysis was the result of the suppuration or had developed during delivery, an abscess forming subsequently. The sacro-iliac synchondroses remained unaffected. The symphysis pubis united again during convalescence.—*Brit. Med. Jour.* Dec. 20, 1890.

MIGRAINE AND HYSTERIA.

In the last number of the *Archives de Neurologie* Babinski calls attention to a very important fact in regard to migraine —viz, that there is a large class of patients who suffer from what one would be at first inclined to say was the classical migraine, but that in this particular class there is a background of hysteria very important to diagnose because of the great difference which it makes in regard to both prognosis and treatment. Details are furnished of several cases of this kind —cases which, besides showing typical hysterical symptoms, such as hemianæsthesia, insensibility of pharynx, contraction of the visual field, &c., also suffered from attacks of migraine with the usual visual phenomena, indeed in no way differing from those occuring in non-hysterical patients. The great difference is in their curability, and this is effected by means of a course of baths and the administration of bromide of potassium. Under the influence of this treatment the other hysterical phehomena, as well as the migraine, all disappear. Whether such a class of cases exists in this country remains for future observation to determine. It is well to bear the possibility in mind.—*Lancet.*

SOME VIEWS OF NEWSPAPERS IN THE WEST ON DR. KOCH'S DISCOVERY.

From the Boston Medical and Surgical Journal.

"According to medical 'ethics' Dr. Koch was a very clever physician, until he discovered his remedy for tuberculosis, and had he made the formula public, he would have remained so. But because he rightly retains the secret, he is a charlatan and quack. The 'code of medical ethics' would make good material for a bonfire."

When the "K. K. K.. Koch's Konsumption Kure" first became prominent, a few papers, either to protect their readers from morbid enthusiasm, or because they felt that Dr. Koch was getting too much free advertising, took a decided stand against the new remedy.

"American physicians are inclined to look with disfavor upon the claim of Dr. Koch, of Berlin, that consumption can be prevented by inoculation with the disease. The theory was talked about among physicians on this side of the water years ago, and there were even experiments made by St. Louis investigators, with the result that the idea was abandoned. Koch seems to have been caught in the undertow of the receding theory, and has gathered about him a number of the faddish young doctors who are unwilling to acknowledge that consumption is a constitutional disease and curable only by remedies raising the general tone of the system."

"Dr. Koch's alleged consumptive cure is about on a par with the Brown-Sequard humbug, which attracted so much attention a few months ago. It rapidly went

out of notice, and Dr. Koch's quackery will soon go the same way."

The interview of local doctors then be-began, and often resulted about as follows:

"Dr. Irwin said: Koch's claim to cure tuberculosis may be O. K. I presume it is. He is a scientist of wide repute and very clever. I haven't seen anything about the methods to be adopted yet, and so I can't tell much about it. If true, it will be a great discovery."

Or, where one very prominent man deigned to speak, it was announced in the graphic style of newspaper headliness:

"Schenkelberger on Koch. The Doctor's a Genius, and would Scorn False Colors. Tamed the Wild Bacillus, and is consequently no Chump—Dr. Schenkelberger was a Schoolfellow of the Famed Consumption Slugger, and Knows what he Talks about."

A large number of doctors and apothecaries in the West seems to be relations or school-fellows or past first assistants of Koch's.

As the press found that the medical profession looked with favor on the new cure, it changed its tone, and began to foretell the coming benefit to humanity in words to this effect:

"Consumption is a foe which has blanched the cheek of many a man who would not turn pale in front of the cannon's mouth. Insidious, inexorable, pitilessly winding its slow coils around the citadel of life, it shares in the universal human heart the antipathy felt toward the serpent. It numbers its victims by hundreds of thousands, dragging them impartially from squalid hut and from sumptous palace. And if it kills many it frightens more. Scarcely a train leaves a great city but bears some panic-stricken fugitive fleeing the dreaded phantom. At one time they hurry to Minnesota, at another to Florida. They hide in caves. they seek the mountain tops, they breathe the healing odor of pine forests, they cross the seas. The fashion changes, but the flight never ceases. . . ."

One would think that each town took an interest in the subject, and tried and expected to out-rival its neighbors. They each sent representatives to Berlin. Not only did Chicago announce that it would not be behind New York, but less prominent places expected soon to have some "lymph."

"This is now the ruling topic in all quarters of the globe where pills are known and porous plasters place their perforated propinquity. It is but meet and proper, therefore, that Peoria, which boasts of an active medical society, should, through her learned and gifted Esculapians, bestir herself in the matter of a reception to what promises to be one of the most beneficent revelations vouchsafed to sufiering humanity since Harvey. . ."

"At present the whole scientific world, along with the common herd of mortals is excited over the discovery of specific for consumption by an eminent German physician, Dr. Koch. This doctor during an experiment, discovered what he is pleased to term 'lymph,' a preparation which is said to be worth $1,300 a drop. An ounce vial of it, injected according to instructions, would be worth the surprising amount of $780,000. This 'lymph' is claimed to be a certain and sure cure for that dreaded of all diseases, cousumption."

Every where physicians are interested in Dr. Koch's discovery, and some of the most eminent of the world are flocking to Berlin, in order to gain some practical knowledge of the remedy. Nowhere is there more interest manifested in this recent discovery than right here, Bowling Green. Two of our best known and most competent physicians have signified their intention to go to Germany and study the treatment of Dr. Koch.

Some cities are unwilling to be outdone by Koch hinself, and we find the names of no less than eleven physicians, whose claims to have discovered the same, or an equally good "lymph," have been

considered worthy of publication, not including the host of announcements appearing in connection with advertisements.

REMOTE RESULTS OF SYPHILIS.

Dr. B. Tarnowsky (*Der Kinderartz*, October, 1890) gives according to his experience, very gloomy evidence as to the results of syphilis on succeeding generations. He makes out that 71 per cent. of women suffering from syphilis either give birth to dead children or bear children who die within a year. He records the terrible history of three families where the fathers had contracted syphilis six, five, and four years respectively before marriage. All these men appeared to be cured when they married, and all their children were born healthy; yet of these 22 children only 1 grew up to be a healthy man; 5 were premature, 3 died of meningitis before attaining their second year, 2 were imbecile, 1 an idiot, 1 a cretin, 1 had numerous signs of degeneration, 1 was weak in intellect, 1 sexual perversion, 2 hysteria, 1 epilepsy, 1 was born deaf, 2 had hydrocephalus. Of the 13 still alive when these statistics were taken, 8 were incapable of working for their living, the remaiming 5 being sickly and nervous. All three families were of the respectable commercial class; none of the children were exposed to the hardships which in the case of peasants and artisans may cause infantile diseases falsely attributed to syphilis. Dr. Tarnowsky has collected other histories scarcely less dreadful. He concludes that syphilis in a parent may be the cause of a long series of the most serious diseases—scrofula, rickets, nerve disorders, etc.—and the offspring at the best are often weak, useless members of society. Carlblom of Riga (*ibid.*), gives the history of a healthy couple who married. Their first child was healthy and long remained so. The second, born healthy, died of trismus at the end of a week. The third, born sickly, died of tetanus within a week. The couple were then medically examined. No trace of disease was found on the mother, but extensive mucous tubercles were discovered around the anus in the father. The couple were sent to Aix-la-Chapelle. The mother was treated mercurially during a subsequent pregnancy. She bore a healthy child, who remains in good health. Then the firstborn child, previously healthy, developed symptoms of hereditary syphilis, which were speedily cured by mercurial friction.—*Brit. Med. Jour.*

THE PHYSIOLOGICAL ACTION OF OIL OF PENNYROYAL.

Dr. E. Falk has recently undertaken a number of experiments on rabbits to determine the physiological action of oil of pennyroyal (meneha puleguium), *Les Nouveaux Rémedes*, December 8, 1890.)

He found after either administration by the mouth or subcutaneous injections of from 7½ so 40 drops marked incoordination was developed, followed by paralysis of central origin and finally by death. The urine was diminished in quantity, and contained tube-casts and albumen together with leucine and tyrosine.

Post-mortem examination revealed fatty degeneration of the liver and heart, and to a less degree of the kidneys. In most cases blood-pressure was slightly increased and the pulse slowed; the slowing of the pulse being attributable in great part to central stimulation of the pneumogastrics and slightly to peripheral stimulation of these nerves. Fatty degeneration of the abdominal organs and of the heart followed after prolonged administration of the oil in doses of $\frac{1}{15}$ drop daily.—*Ther. Gaz.*

Medical Items.

Dr. Edward Bellamy, senior-surgeon to Charing Cross Hospital, London, died on the 4th inst.

Of the $100,000 raised to endow the Johns Hopkins Medical College, $48,000 was given by Miss Garrett.

A dispensary for the treatment of the diseases of women amenable to electricity has been opened in Philadelphia.

A new diploma mill, called the "Union Medical Institute," has been discovered at Newburg. Its diplomas are offered for $50.

It is stated that Mr. Henry C. Lea, of Philadelphia, has given $50,000 to the University of Pennsylvania for the erection of a building for hygienic instruction.

Dr. Charcot, who has recently finished a long series of experiments with hypnotism; gives as his opinion that not more than one person in 100,000 would be likely to be benefied by this mode of treatment.

Several cases of death by inhalation of oxide of carbon from heating stoves are reported in Paris. The price of fuel is so high that the poor people try to insure the most complete combustion of the coal.

According to an American missionary, Bombay is a promising field for dentists, especially if they be of his own nationality. There is, he says, only one good dentist in the city, and he charges $7.50 for drawing a tooth.

The typhoid epidemic at Pisa which we reported a few weeks ago, is now transported to Florence and its environs. The Department of Public Health at Rome sent Dr. Lorcia to draw up reports on the sanitary conditions of the Province.

A convention of American physicians interested in electro-therapeutics has been called to meet at the Academy of Medicine, No. 17 West Forty-third Street, New York, on the 22nd inst., at 11 A. M., for the purpose of organizing an American Electro-therapeutic Association.

Dr. S. Weir Mitchell, of Philadelphia, is said to have recently received from a female patient the singular present of a cord of white-oak wood, chopped down and sawed up by her own hands. He had recommended to her, active out door life in the woods for nervous invalidism. She had followed his directions, with results of which the cord of sawed wood was one of the evidences.

The following advertisement appears in the columns of an English newspaper: Michael Keena, of Friarstown, Parish of Meedin, four miles from Tyrrellspass, four from Rochford Bridge, three from Castletown-Geoghegan. I propose to cure by herbs—water gravel, kidney gravel, rheumatism, blast piles inwardly and outwardly, falling sickness, any person wishes to have the blight stopped on their potatoes, the toothache, soft and hard corns. If you wish to have your hens laying in winter, apply to me.

The Tenth Congress of International Medicine will be held at Wiesbaden from April 6th to 9th, 1891, under the presidency of Professor Leyden, of Berlin. Among the subjects already in the programme are the following: "Gall-stones" (to be introduced by Professor Naunyn, of Strassburg, and Fürbringer, of Berlin); and "Angina Pectoris" (to be introduced by Dr. A Fraenkel, of Berlin, and Dr. O. Vierordt, of Heidelberg). Addresses will also be delivered by Dr. T. Schott, of Nauheim, on the "Differential Diagnosis of Pericardial Exudation and Dilation of the heart;" and by Professor Kahler, of Vienna, on "Intermittent Albuminuria."

The epidemic of cholera which is at present raging in Japan is one of extraordinary severity. It is said to have followed an outbreak of influenza which commenced in February last, and reached

its climax in April, dying away towards the beginning of summer. As soon as the influenza disappeared, however, cholera seems to have been imported from China, and, as the *Sei-i-Kwai Medical Journal*, of October 25, says, "furiously invaded with tremendous rapidity." The terrible nature of the visitation may be judged from the fact that up to October 2, 33,863 persons had been attacked, of whom 22,560 died. Owing to the vigorous efforts of the sanitary authorities the epidemic is now, according to our contemporary, "rather rapidly fading away."

In New York State a considerable decline in insanity is indicated by the annual report of the Commissioners in Lunacy, just made to the Governor for the year 1890. The total number of reported cases was 523, as against 598 during the year previous, a reduction of more than twelve per cent.

The cities of New York and Brooklyn furnished about fifty per cent. of the new cases, and it is noted in the report that the decrease in insanity, in the two cities named, has been much more marked than in the other parts of the State. The ratio of new cases to population is constantly decreasing in the two cities; the same seems to be true of the State at large, but in a less marked degree. The report further shows that about sixteen hundred insane are at present in the State hospitals under the management of the Commissioners.

The Prefect of the Province of Milan recently sent a circular to the mayors of all places within his jurisdiction instructing them to set the legal machinery provided for that purpose in motion against all and sundry who shall dub themselves "Doctor" or "Professor" without possessing any valid claim to these titles. The Prefect points out that the usurpation of academic degrees and professional titles is more frequent, as well as more serious in its possible consequences, in the medical profession than in others. According to him, it is quite a common thing for practitioners of "minor surgery" (*bassa chirurgia*), and even "dentists," to call themselves "Dr.," "Professor," etc. The only persons who have a legal right to these learned prefixes are, as the Prefect says, those who have obtained the degree of Doctor from a University, or have had the title of Professor conferred on them by the Minister of Public Instruction. Such an act would not be amiss in our country.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM JANUARY 13, 1891, TO JANUARY 19, '91

To be Assistant Surgeon with the rank of Captain, after five years service, in accordance with the act of June 23, 1874 : Assistant-Surgeon Henry S. T. Harris, Jan. 5, 1891, and Assistant-Surgeon Leonard Wood, January 5, 1891.

Lieutenant Henry D Snyder, Assistant-Surgeon, is relieved from duty at Fort Reno, Oklahoma Ty., and will report in person to the commanding officer, Camp Guthrie O. Ty., for duty at that station, relieving Captain John L. Phillips. Assistant-Surgeon, Capt. Phillips, on being so relieved will report in person to the commanding officer, Fort Reno, O. Ty., for duty at that station.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JANUARY 17, 1891.

Medical Director W. T. Hord, ordered, as President of Eedical Board, to relieve Med. Dir. J. Y. Taylor.

Medical Director R. C. Dean, detached from hospital Chelsea, and to Medical Board, Washington, D. C.

Medical Director J. Y. Taylor, to be placed on the retired list Jan. 22.

P. A. Surg. W. H. Rush's orders to the "Newark" are revoked.

P. A. Surg. Richard Ashbridge's orders to the "Saratoga" revoked and wait orders.

P. A. Surg. A. G. Cabell detached from Iron Clads and to the "Newark."

P. A. Surg. G. P. Lumsden ordered to the iron clads at Richmond, Va.

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CONTENTS

ORIGINAL ARTICLES.

Cæsarean Section vs Ctaniotomy. By L. E. Neale, M. D. 287

A Monorchide with Red Semen. By T. Chalmer Peebles, M. D., of Lutherville. . . . 294

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held Nov. 13th, 1890. Visual Symptoms of Migraine. Eczema and its Treatment. Vulnus Sclopeticum. A Case of Traumatic Tetanus. Stated Meeting held Dec. 11. 1890. Antisepsis and Asepsis Before and After Major Gynecological Operations. The Treatment of the Nasal Catarrhs. A Specimen of Dislocated Kidney. 295

EDITORIAL.

"No Danger." 302

The Deficiency of Native-Born Americans. . 303

Cæsarean Section vs. Craniotomy. . . . 305

REVIEWS, BOOKS AND PAMPHLETS. . . . 306

MEDICAL ITEMS. 307

Original Articles.

CÆSAREAN SECTION VS. CRANIOTOMY UPON THE LIVING FŒTUS. INDICATIONS FOR CÆSAREAN SECTION.*

BY L. E. NEALE, M. D.

The unsettled state of a subject of such vital importance to both profession and laity, actuates me to introduce its consideration before this Society, with the hope and earnest entreaty that other members will in their turn also present papers upon the various special features of this question, and thus place the entire matter before us for full discussion, which I sincerely trust may not cease until we have all, as one man, placed ourselves on record as advocating and maintaining certain definite and positive principles that may serve as a guide to practice.

The ground has already been pretty thoroughly gone over, and I submit the following remarks more in the nature of a revival or stimulus than as a contribution particularly novel or original.

That such a course is productive of good results, I believe is fully substantiated by the fact that the revival of the modern Cæsarean section has very materially tended to check and diminish the former frequency of craniotomy upon the living fœtus, and recent statistics clearly demonstrate that the actual saving of life under the conservative operation has been markedly increased.

It cannot be denied that casuistry and sentimentality have already been introduced to a wholly unwarrantable degree into the scientific discussion of this subject. Nevertheless, in dispassionately comparing the results of the past with those of the present, I cannot refrain

*Read before the Baltimore Gynæcological and Obstetrical Society, Jan. 13, 1891.

from expressing my honest conviction that if the constant agitation of this subject does nothing more than stimulate us to examine pelves more carefully on the one hand, or increase our horror and hesitancy in deliberately destroying by craniotomy unborn human children on the other, indeed, our labor has not been in vain.

Before entering into the consideration of the subject, I wish to place myself clearly and positively on record as believing in the justifiability of craniotomy upon the living fœtus, but only in those cases where there is no reasonable probability of saving the lives of both child and mother by the conservative section. I do not accept craniotomy upon the living fœtus as an elective procedure, but only as a dire necessity. I admit the uncoerced consent of the intelligent patient to be essential for the performance of the section under the relative indication, but at the same time I reserve to myself the unquestioned right to be or not to be the wilful executioner of her children. Most emphatically and aside from all religion, do I yield the supremacy of my judgment and of my conscience to no patient who places the care of her life in my charge, and I certainly have the indisputable right to refuse to act according to her decree, even should I be forced to withdraw from the case or relinquish it to another. The responsibility is unquestionably great, where else in the entire domain of medical practice is it or can it be greater? Therefore, here as elsewhere, each case is certainly fully entitled to be very carefully judged according to its own particular merits. I must frankly admit that in those cases presenting the so-called relative indication for the performance of the section, where the dangers of this operation are unquestionably greater to the mother than the destruction and delivery of her child per vias naturales, I have no argument to bring to bear against the golden rule generally accredited to Credé.

"What would you do if the patient were your wife, your sister, or a near relative?" For I honestly believe the answer to this trying question must eventually rest with each man's conscience, a spiritual and supernatural entity over which no dogmatic rule of science ever can or should have absolute sway.

My remarks in this paper will be relative to the indications for the section, but if these cases be seen early enough, of course the induction of premature labor also becomes a very strong antagonist to craniotomy, and I trust a special paper may be presented upon this subject.

I will merely state that according to Lusk (Ed. 1885, p. 497). "Most writers now agree that the operation should be restricted to pelves measuring less than three and a-half inches, (8.75cm.) in the conjugate, whereas, above that limit it is best to await the results of spontaneous uterine action. Below two and three-fourths inches (7 cm.) the chances of saving a child by premature labor are too slight to be weighed in the balance." Barnes has determined the best time for this operation to be between the thirty-second and thirty-fourth weeks of pregnancy and I believe it is generally admitted that the best method is that of Krause, or the introduction and retention under antiseptic precautions of a solid bougee between the membranes and uterine walls.

The indications for the conservative Cæsarean section briefly include: all insurmountable obstructions to the delivery of the living and viable child through the natural passages of generation.

It is true that in some rather exceptional cases these obstructions may be caused by the presence of tumors, pelvic exudations, hypertrophic elongation of the cervix, cicatrices, stenoses, tetanus uteri and falciform contractions, nevertheless, the overwhelming majority are those offering contracted pelves, and it is only of this class of cases that I can very incompletely treat in this brief review. Although, for a long time only the absolute indication was admitted for this operation, we believe that at the present

day both absolute and relative indications are accepted by nearly all authorities. The absolute indication exists where the contraction is so great that the child can not be delivered through it even after mutilation. It would seem that the general concensus of opinion determines the limit for this indication at a c. v. of one and a half inches (3.75 cm.) (Harris.)

The relative indication exists where the contraction is so great that the child can not be delivered through it without mutilation. Its lowest limit starts from where the absolute indication ends. viz., at a c. v. of 1.5 inches (2.75 cm.), and may extend upward to an undetermined conjugate measurement, and may include many other conditions than the pelvic contraction. Indeed, Harris says: "The relative indication is a term of uncertain indication or meaning, according to the teaching of obstetrical instructors in different countries." Here at once we must plunge into a sea of discussion, for here at once the the plea for forceps, version, extraction, and craniotomy as opposed to the section, claim recognition.

It does not fall to my province in this paper to speak of version vs. forceps in these cases, but I cannot refrain from mentioning incidentally that where both operations are practicable, the head not fixed, the uterus not retracted, we most decidedly give our preference to version. In the present connection it is evident from the start that the subject deals directly with the treatment of contracted pelves and this necessarily implies pelvimetry. I believe if there be any one line of investigation more than another leading to the solution of the question Cæsarean Section vs. Craniotomy upon the Living Fœtus, and directly pointing to the correct indications for these operations, a line of investigation that is at the same time scientific and practical and very often sufficiently accurate and reliable for clinical purposes, that line of investigation is pelvimetry. And I trust I but express the unanimous sentiment of this society in placing myself on record as its advocate. Both external and internal pelvimetry afford very desirable clinical information, but that obtained by the internal method is by far the more reliable and accurate and as it dispenses with the use of instruments, merely employing the unaided hand, it is ordinarily more readily practicable.

Nearly all recent writers insist that it is the study of pelvimetry and particularly the use of the hand as a pelvimeter, we should encourage, and I trust in this connection one of the Fellows will present a paper treating more thoroughly of this very important practical subject than I am able to do in this contribution.

We should not be deterred from this line of investigation by the fact of our inability to accurately determine the desired measurements in all cases, or the size or degree of compressibility of the unborn fœtal head in any case, or sometimes even the condition of the maternal soft parts. That these factors do militate against the absolute accuracy of pelvimetry cannot be denied, but they do not very materially invalidate its clinical importance.

See the moral in the following:

(E. P. Davis Hirst's *Amer. System Obst.*, vol. ii, p. 185)

"It is an interesting and even curious fact that as the degree of disproportion between fœtus and pelvis becomes pronounced, the mortality of the destructive operations is lessened. Thus, Wyder found a maternal mortality of 15 p. c. when craniotomy was performed in pelves whose antero posterior diameter at the inlet was $3\frac{1}{2}$ inches (8.75 cm.), from $2\frac{3}{4}$ inches (7cm.) to $3\frac{1}{2}$ inches (8.75 cm.), 10 p. c.; from $2\frac{1}{8}$ (5.25cm.) to $2\frac{3}{4}$ inches (7 cm.), mortality *nil.*

"The explanation may be found in futile efforts at delivery with the forceps by the obstetrician resulting from failure to correctly estimate the existing disproportion between fœtus and mother, and the physiological and pathological conditions present. As the disproportion became more evident, the patient was spared these injurious and futile endeavors."

If properly performed there should be no reasonable objection or difficulty on the part of either physician or patient to the performance of pelvimetry. The external measurements should include at least the external conjugate, and the distance between the anterior superior spines and that between the crests of the ilium. If these measurements be found normal, we need proceed no farther in pelvimetry in the ordinary case, but if contraction be suspected, we should take the internal diagonal conjugate, and from that estimate the conjugata vera. By internal, external and combined manipulation, a general idea of the pelvic bones, the size and compressibility of the fœtal head, &c., should be obtained, and we must always consider as an essential factor, the past history and present condition of both child and mother before determining upon further measurements or treatment.

To take the external diameters, we require only one instrument—a Baudelocque's pelvimeter or one of its modifications (ex. gr. Schultze's). The external conjugate is the distance between the depression just below the spinous process of the last lumbar vertebra, and the farthest point on the upper and outer border of the symphysis pubis. It should measure on the living pelvis 8.07 inches (20.5 cm.), from which to estimate the true conjugate we should deduct 3.75 inches (9.5 cm.). [Litzmann—*Die Geburt bei engem Becken*, Leipsig 1884, p. 26.], say 8 inches and deduct $3\frac{1}{4}$=c. v. $4\frac{1}{4}$ inches.

This deduction, however, may not always correspond with the thickness of bone and intervening tissues which vary greatly, but it may be safely stated that an external conjugate of 6.5 inches (16 cm.) or less, always indicates a contraction in the conjugata vera. [Pershing. *Amer. Jour. Med. Sci.*, vol. xcvii, p. 114.]

Lusk, quoting from Litzmann, [*Ueber die Erkenntniss des engen Beckens*, Volkmann's *Samml. Klin., Vortr.*, No. 20, p. 148] says: "If the pelvis measures less than 7.5 inches (18.75 cm.) flattening may be assumed in half the cases. Above 7.5 inches (18.75 cm.) antero-posterior shortening is very exceptional." (Ed. 1885, p. 465). The external direct method of measuring the true conjugate is impracticable during advanced pregnancy.

To measure the distance between the anterior superior iliac spines and between the iliac crests the ends of the pelvimeter should be gently pressed over the outer border of these points, resp. sp. and cr. at their widest interval, and the space noted on the scale.

The distance between the anterior superior iliac spines should measure about 10.25 inches (25.5 cm.); between the crests 11.5 inches (28.75 cm.).

Any decided diminution in these measurements indicates a transverse narrowing, but practically the relation between them is of more importance than the actual measurement. For example, if the distance between the spines should equal or exceed that between the crests, a rachitic pelvis is indicated, and in such pelves the crests should be measured at a point 2.5 inches (6.25 cm.) posterior to the spines.

Other external measurements are ordinarily of less practical importance, and therefore need not be mentioned here, as we merely wish to give the simplest ground-work of pelvimetry upon which we may build indications for or against Cæsarean section.

The hand alone is required for internal pelvimetry, and is especially useful in determining that most important of all the pelvic diameters, the conjugata vera. To find this, Michaelis has given the following directions:

(Pershing, l. c.). Bladder and rectum empty; lithotomy position; pelvis elevated on cushion, to diminish inclination, and drawn well over edge of table; hand well oiled, and labia and hairs kept out; forearm horizontal; elbow resting on knee, foot on stool; index and middle fingers introduced, ring and little fingers bent at right angle, but not supported

in hand; steady pressure against perineum, fingers directed upward and backward towards promontory. When the tip of the middle finger rests upon the sacral promontory, the hand is raised so that its radial edge presses against the lig. arc. pub., and this point is marked off by indenting the hand with the nail of the free hand.

Now withdraw the examining hand, measure the distance from the indent to the tip of the middle finger, which gives the diagonal-conjugate and deduct ¾ of an inch (2 cm.) from this to estimate the true conjugate. This average amount to be deducted from the diagonal conjugate to estimate the true conjugate may vary slightly from ⅝ of an inch (1.5 cm.) to ¾ of an inch (2 cm.) according to the breadth and inclination of the symphysis pubis, and "it is just here that judgment and experience furnish the best safeguard against vital inacuracies." The true conjugate may also be measured, especially sub-partu under chloroform, by introducing four fingers or the entire hand into the vagina, and spreading out the fingers or hand edgewise between the sacral promontory and the symphysis pubis.

Zweifel (Ed. 1881, p. 275) says: The smallest hand is 7 cm. (2¾ inches) broad at the metacarpo-phalangeal joints, and when the breadth of such a hand cannot be passed between the symphysis and promontory, we have an absolute (?) indication for the Cæsarean section.

In all internal examinations a general idea of the size of the pelvic cavity and contour of the pelvic walls should be obtained before withdrawing the hand, and when in doubt it is well to employ both hands alternately.

I know of no means of measuring the unborn fœtal head with anything like accuracy, but by careful bimanual manipulation we can form a very practically important estimate of its size, as to whether it is too large for the given pelvis, as also of its contour, resistance and adaptability.

Spiegelberg (*Lehrb. der Geburtsh.*, p. 395), says: "It can not be too urgently impressed that the pelvis is to be included in the examination of every pregnant and parturient woman, even when there is not the least suspicion of contraction. In this way not only will the overlooking of anomalies be avoided, but the obstetrician will be prevented from finding himself at some time during labor brought face to face with difficulties of which he had no presentiment, and which with timely knowledge he might have avoided or at least made less formidable." (Pershing l. c.)

Before leaving the subject of pelvimetry, which pertains so directly to the consideration of the indications for the Cæsarean section, I cannot refrain from expressing the hope that this Society will place itself on record as advocating the French metric system for general use the world over, if for no better reason than that of unanimity of expression.

We have already stated that a conjugata vera of 1.5 inches (3.75 cm.), is generally regarded as the least through which a mutilated child at term can be extracted.

Dr. Osborn is reported to have extracted a child after embryotomy through the pelvis of Mrs. Elizabeth Sherwood, measuring, as he believed, only ⅝ of an inch (2 cm.), in its narrowest portion, but such cases are very exceptional. Indeed, the French fix the limit at 2⅝ inches (6.25 cm.). We have also stated upon the authority of Dr. R. P. Harris that "it is generally agreed that the alternative of craniotomy or Cæsarean section is imperative where the c. v. is 2½ inches (6.25 cm.), or less, and in Germany the section is performed up to 3 inches (7.5 cm.), or a fraction over it, because of the low mortality rate under the Sänger method." E. P. Davis (Hirst's *Amer. System Obst.*, vol. ii, p. 184), declares: "In contracted pelves experience with the majority of obstetricians has fixed 3 inches (7.5 cm.), as the antero-posterior diameter, through which a living child of normal proportions may pass."

Lusk (Ed. 1885, p. 499, *et seq.*), says: "There does not appear to be any well authenticated case of the extraction of a full-term living child (after version), through a flattened pelvis, measuring less than 2¾ inches (7 cm.), in the conjugate diameter. But even with 3 (7.5 cm.), or 3¼ inches(8cm.),the result will still depend upon the length of the transverse diameter. The contraction should be limited to the pelvic brim, for where it is continuous or progressively increases toward the outlet, the fate of the child is not even doubtful."

In a word, therefore, it is apparent that the present tendency is very decidedly towards enlarging the field for the section and we are confident that as its results continue to improve so will this tendency continue to advance and encroach more and more on the field of craniotomy upon the living fœtus.

"No exact measurement can be adopted as a basis of judgment, nor can fractions of an inch determine the choice of a given operation. Choice must be made upon relative size and proportions of fœtus and maternal pelvis, and a rational judgment can be founded on these grounds only. The condition of the mother should form the basis of a rational judgment, a given pelvic measurement is useful as an indication of what has been the experience of others under similar circumstances, but is not a final ground for decision." (Hirst, l. c., p. 185).

In a word, here, as everywhere else in the practice of medicine, we must treat the case, not the disease. Even when we resort to statistics, we are convinced that neither by this means alone, nor by any other single factor can we "determine the precise limit at which the dangers from delivery through the pelvis rise to the level of, or exceed those from the Cæsarean section." The condition of the patient, the character of her surroundings, the size and ossification of the child's head, the skill of the operator, &c., must all affect the result to the mother.

Just here one very important and apalling fact, so strongly insisted upon by Busey cannot be overlooked, and this is, that be the maternal mortality from craniotomy upon the living fœtus ever so small, be it even absolutely *nil*, this operation must start out with the loss of at least half the lives at stake! Although these are the lives of unborn and viable human children, I certainly cannot regard them as "purely impersonal and scientific."

For, when we regard them from the conservatism of Cæsarean section, we know that the number of children born by this operation, and now living, is quite large, and constantly increasing.

I am unable to learn the number of women now living who have at one time suffered the sacrifice of their children by craniotomy, and then been successfully delivered by Cæsarean section; but judging from the reports I am satisfied the number must be quite large.

It may be considered somewhat irrelevant to the subject of this paper to refer to the celebrated case of Mrs. Reybold, who having been twice successfully delivered by craniotomy, by the renowned Meigs, was subsequently twice delivered by Cæsarean section, by Gibson, of a living child, "and she lives today in the ripeness of a happy old age, in the enjoyment of two children and six grandchildren." (Busey: *Amer. Jour. Obs.*, vol. xvii, p. 180.)

In 1883 Harris (*Med. News*, Oct. 13th, 1883, p. 411) told us:

"Several subjects of Cæsarean delivery have reached advanced life in the United States, the oldest known being 68 and 74 years respectively. Several of the children have been heads of families, and one in the city of Philadelphia is now 48 years old, and has given birth to eight children."

I do not know that it is conclusively proven that the manner of delivery very markedly increases the mortality among Cæsarean children, but it is true that owing particularly to the physical condition of the mother as regards rachitis, &c. "Cæsarean children are more apt to die

young than those delivered naturally," and I believe it is generally admitted that not more than one half of them reach adult life. Harris assures us, however, that "Cæsarean mothers after Sänger delivery often nurse well. Rachitic dwarfs are usually well developed in their mammæ. Malacostean mothers are made much worse by nursing. The Porro operation and no nursing will in some cases arrest this disease."

But aside from all consideration of conditions that may materially influence the results, it is an unquestioned fact that the modern Cæsarean and Porro operations are very decidedly supplanting and restricting craniotomy upon the living fœtus. With this digression let us return to the indications for the conservative operation.

We are told that a knowledge of the lower uterine segment is very important in determining whether the operation should be conservative or destructive. Likewise, the existence, character, size, &c., of tumors, of cicatricial bands, of pelvic exudations and other abnormal conditions that obstruct the birth canal, have a very important bearing upon the indications for Cæsarean section. Apart from all considerations based on the existing mechanical obstructions, the past history of the case plays an important role in the indications for the operation. All authorities strongly depricate the repeated performance of craniotomy in the same woman, and it is an explicable clinical fact that very frequently the difficulties of delivery increase with succeeding labors.

I place no reliance on the attempt to establish a numerical ratio or equivalent between the life of the mother and that of a certain number of her offspring. It has been stated that under favorable conditions the mother's chances for life and recovery with the sacrifice of her children are at least nine out of ten, while with the section it ranges from three in four to nine in ten and the child has nine chances in ten for life.

The average maternal mortality in craniotomy has been placed at 6.6 p. c., (Hirst), while for the modern section the range extends from 8.6 p. c. to 25.5 p. c., (Caruso), with a fœtal mortality of from 13 to 8.27 p. c.

It can not be denied that under the relative indication the dangers to the mother are decidedly greater from the section than from craniotomy; hence, we are conscientiously bound to explain the nature and the greater dangers of the operation to an intelligent patient or her sponsor, and we must admit the uncoerced consent as an absolute essential in the relative indication. Indeed, it is but just to state that there has been strong opposition to the relative indication for the Cæsarean section, both by French (Cazeaux, Charpentier, Tarnier), and German (Credè, Schrœder Spiegelberg), authorities, and Carl Braun (*Lehrb. d. g.* Gyn. p. 691), insists: "Cæsarean section on the living woman for the preservation of the living fœtus in pelvic deformity in which the child dead and diminished in volume, can be extracted through the pelvic canal and the health of the mother can, with probability, be preserved by perforation of the child's head, is not permissible under the following conditions:

(a). When the parturient woman in full consciousness and without any indirect coercion declines Cæsarean section.

(b). when the parturient woman is rendered unconscious by disease (eclampsia, meningitis, apoplexy &c.), by medicines (chloroform, ether), by poisons or intoxicating drinks.

(c). When the child's life has been imperilled by uterine contractions, attempts at version or the forceps, or when the child is deformed or not viable.

For a series of years not a single parturient woman in the Vienna Lying-in Hospital has determined to submit to Cæsarean section on the ground of the relative indication "(Jaggard: *Amer. Jour. Obs.*, vol. xvii. p. 1137).

With such restrictions, which I do not well see how we can conscientiously refuse to accept, I trust the result of our discussion of such an important subject

may be to place this Society on record as positively and strongly advocating the relative indication for Cæsarean section. That cases have, still do and doubtless will occur, when even with the aid of pelvimetry and every other means in our power we are absolutely unable to determine *ab initio* whether or not the child can be delivered *per vias naturales* without craniotomy or embryotomy or both, is in the present state of our knowledge an unquestioned fact. We believe such cases to be very common if not constituting the large majority in this country where the relative indication seems to pre-eminently exist. Practically in these cases we are often compelled to resort to version, forceps, extraction, &c. But if after a reasonably fair trial with one or other of these operations according to the prevailing conditions, the trial ordinarily not to exceed fifteen minutes duration and certainly never to be prolonged into an hour or more, the operation selected fail to accomplish delivery, I should then and for this reason *incline* towards craniotomy upon the living child rather than subject the woman to the section with the vastly increased dangers resulting from these operations. In such cases where craniotomy and subsequent extraction can be easily performed we are willing to admit that the maternal mortality from these operations when properly executed is practically *nil*. But if the conditions are such that the child has to be extracted piecemeal, the danger to the mother is very decidedly increased and rises to the level of or beyond that of Cæsarean section.

We heartily concur in the following commendable boldness of *The News* (Dec. 10, 1887). "The Sänger operation promptly conducted is less dangerous to the woman than craniotomy where the true conjugate of the pelvis is less than two and a half inches (5.25 cm.), and the fact is established to be successful, Cæsarean section should take precedence of forceps, turning and craniotomy, trials of which only waste valuable time and add to the risk of the knife."

Kinkead (*Brit. Med. Jour.* Oct. 2, 1886 p. 626), declares that craniotomy in a pelvis of two and a half inches (6.25 cm.) or less requires more ability and experience than Cæsarean section.

Before the international Medical Congress 1887 Lusk made a strong plea for Cæsarean section as opposed to craniotomy upon the living fœtus even in pelves with a conjugate of three inches (7.5 cm.), and he positively maintained.

"Craniotomy was a dangerous operation and under three inches (7.5 cm.), requires much skill and good instruments. He believed the Cæsarean section not more dangerous than the extraction of the child after craniotomy. The children according to his researches did not die as general opinion would have it. We did not want to encourage trying craniotomy and then Cæsarean section, but should make the latter the operation of election." (*N. Y. Med. Rec.* vol. 32, No. 11, Sept. 10, 1887).

The above we believe represents the general sentiment of some of the best obstetrical authorities to-day and here we let the matter rest for your discussion.

I wish to emphasize the fact that I have purposely avoided any reference to the religious aspect of this question, as I do not believe this point is open for scientific discussion before a medical society.

319 W. Monument Street.

A MONORCHIDE WITH RED SEMEN.

BY T. CHALMER PEEBLES, M. D.,
OF LUTHERVILLE.

Mr. ———, a widower, under 50 years of age, who has several grown children, and who has enjoyed remarkably good health for years, in fact, has had no serious illness since childhood. Never had syphilis in any form, nor any trouble

about his genito-urinary organs, with the exception of occasional slight bleeding from a small external pile. His present trouble dates back six months. He says, "I first noticed after a nocturnal emission, that my linen was stained red, and that I had great difficulty in removing it, even with soap and hot water."

Upon examining the patient, I found he had only one testicle, the right one, there was no tenderness or inflammation anywhere within reach along the urethra, no enlargement of prostate gland, and I could not account for the red semen. Since the patient first noticed his colored semen, the emissions have recurred about every five or six weeks, and I have seen the stained linen on several occasions, but have not had the opportunity to examine it under the microscope.

In appearance it was as if a few drops of blood had been thoroughly mixed with the usual amount of semen, making it rust-colored.

There was no blood in the urine, which was bright and clear. Now, what is the probable source of this blood? Could it be the commencement of some malignant disease in the testicle, vesiculæ seminales or prostate gland, without being accompanied with pain or swelling, or might a second testicle be retained in the abdominal cavity and have become diseased there? When cross-questioned with regard to his virile powers, he stated that "he thought himself as good as any other man," but admitted that his powers had been on the wane for the last two or three years.

This is the first case of the kind I have seen in a practice of nearly 30 years in this country and in Europe, and I thought it might be worth recording.

Some years ago there was a table recording 21 cases of men having but one testicle, in the Richmond and Louisville *Med. Jour.*

Minkowski's discovery that extirpation of the pancreas produces glycosuria has suggested to clinical observers the possibility of diseases of the pancreas in man as a cause of diabetes.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD NOV. 13TH, 1890.

The 716th regular meeting was called to order by the President, Dr. H. T. Rennolds.

Dr. Earle reported a case of operation on hæmorrhoids in a patient who was suffering from kidney disease, without any untoward effects, which is contrary to the teaching of the text books on surgery. The text books all caution you not to do a surgical operation on a patient suffering from Bright's disease or from any heart lesion. A few weeks ago he operated on a man for external hæmorrhoids and an ulcer of the rectum, who was sent to him by another practitioner. The patient was a hard drinker, and had a contracted kidney. The patient returned in a couple of weeks and urged an operation for internal hæmorrhoids, from which he was suffering. He (Dr. Earle) refused to operate, because of the strong advice in the text books against such operations on persons in such conditions. The patient insisted on the operation, and would not be refused. He was operated upon and made as rapid and good a recovery as was ever observed by the speaker in such cases. Ten days after the operation he was well.

Two years ago he operated on a case for hæmorrhoids, where there was a heart complication, and in this case also the patient bore the operation well, and made a rapid and good recovery. In the light of this experience he was not inclined to accept, ultimately, the statement in the text books on this subject. In answer to inquiries he stated that he operated under local anæsthesia, using cocaine.

Dr. Wm. H. Norris said authors usually say we should not operate on cases of this kind, because patients in this condition do not bear *general anæsthesia* well, on account of the heart and kidney trou-

ble. They do not say anything against operating under *local anæsthesia.*

Dr. Harry Friedenwald read a paper entitled

VISUAL SYMPTOMS OF MIGRAINE.

(*See page* 133.)

Dr. F. C. Bressler said there is hardly a doctor who does not have to treat migraine, its frequency makes the subject an interesting one, particularly as treatment is usually nil. The frequency of visual and other disturbances immediately preceding an attack of migraine, reminds one of epilepsy. He did not think migraine a vaso-motor disturbance, but rather an epileptoid seizure. He thought that vaso-motor disturbances are secondary to some lesions of the cortical substance of the brain, but that migraine was primarily a brain disturbance.

Dr. Hiram Woods said migraine in its relation to eye troubles was so protean a subject, it is difficult to tell where to begin. He regretted he had not heard all of Dr. Freidenwald's paper. He thought the headaches which clinical experience shows are produced by refractive errors were more of the *constant* head pains, than of attacks of migraine. Occasionally, however, marked relief is afforded patients who suffer with migraine, by the correction of a refractive or muscular error. He cited the following cases from his practice.

1st case.—A lady aged 43, had suffered from attacks of sick headache for 6 or 8 years. She spent one or two days each week in bed. No remedies prevented these attacks, and when they came on there was nothing to do but go to bed. The cause had been sought in the uterus and other internal organs, but no relief had been obtained. The attacks were usually preceeded by a "blindness," the scotoma of which Dr. Friedenwald had spoken. The husband of this lady having been treated by the speaker for hyperopic astigmatism and finding relief from an almost costant headache, brought his wife to him for treatment. He found a manifest hyperopia of 1.25 D. and no astigmatism, It was not thought probable that so slight an error could be the cause of so much suffering. At once there was an improvement. There has been but one or two headaches since the glasses were ordered, now three years ago, and they were clearly traceable to outside causes. The patient has resumed her active church and social duties and has ceased to be an invalid. There may have been some hysteria in the case, but the relief from the use of glasses was too immediate not to have been caused by their use.

2nd case.—A lady aged 39. Seen in Oct. 1887. Has had attacks of migraine since the age of 15. She had been in the hands of an eminent gynæcologist, in another city, for six months, without benefit. Examination of the eyes revealed a myopic astigmatism of 0.50 D. at 180° in one eye and 150°in the other. Under homatropin, plus cylinders at right angles 90° and 60° was accepted. After the mydriatic had worn off, each eye chose the concave cylinders for distance, while the convex were wanted for near. There was no muscular anomaly in this case. In Nov. 1887, the patient reported through the mail that she had not had a headache. In April 1889, she again complained of headache and it was found that she had dropped her glasses and the cylinder at 150° had fallen out. The jeweler who replaced it, placed the cylinder axis at 30°. The correction of this was followed by marked relief. At a subsequent examination in the summer of 1889, first under homatropin and again under the full effects of atropia, the eye which had previously, under homatropin, seemed to be astigmatic at 150° was found to be hyperopic to 1. Dioptre. The eye accepted this correction and until the spring of 1890, she was almost free from sick headache. At this time there was a tendency for the ciliary spasm to return, for a concave cylinder was preferred to the real correction of her refraction. In spite of one or

two headaches, the patient is much better than when first seen. She says she cannot go three days without her glasses and escape having headache. The causative relation between the eye trouble and migraine in this case seems clear.

3rd case.—It is still too recent to warrant our drawing positive conclusions as to the ultimate result. The patient is a man aged 26, who for years has suffered from attacks of what he terms "fever in the head." If compelled to go on with his work during these attacks, he becomes giddy, and objects "dance and waver" before him. He had been prescribed myopic glasses (0.50 D.) at a dispensary, which gave him no relief. He came under the speaker's care in August, 1890. Under homatropin, a hyperopia of 1. Dioptre was revealed, which became latent, when the effects of the drug had passed off. Examination of the muscles showed insufficiency of the internal recti of 4° for distance, and of 18° for near vision. Either eye diverged when covered, for distant or near vision, and the eyes could not fix simultaneously on an object nearer than seven inches, the left eye always diverging. After it had been determined that there was no kidney or heart trouble to attribute the headaches to, and far as could be seen, no central brain lesion, it was decided to equalize the balance of the eye muscles by tenotomy of the left external rectus. The use of prisms had failed to give relief. The operation was done on the 22nd of September. There is still a little insufficiency remaining, but as to the headaches, he has experienced considerable relief. He says he has had only "two or three slight fevers" in his head. How permanent the relief will be cannot be said, but that the migraine was due, in part at least, to his muscular anomaly, cannot be questioned. The speaker did not agree with Stevens of New York, that the majority of such nervous disturbances as migraine and even of epilepsy and chorea, were due to anomalies of the eye muscles. The eye is only one of several points from which peripheral irritation may start, and should not be overlooked when a cause for obscure symptoms is being sought.

Dr. J. W. Chambers said he thought there was very little relation between the eye strain and migraine. As most any thing out of the ordinary run of events would cause these persons to have headache, as sad news, or physical or moral exercise.

They seem to belong to a very nervous condition. About the only way to cure these cases is to so place them that they cannot be reached by any exciting cause. He thought the man who discovered the cause of hysteria, would at the same time discover the cause of migraine.

In the cases cited, the eyes may have been a factor in the causation of the migraine, but that glasses do not always effect a cure is shown in a case he knew of, of a lady who has been in the hands of all the oculists, without deriving any benefit whatever.

Dr. Earle said he was subject to attacks of migraine occasionally, and that they were usually preceeded by visual disturbances. He had about concluded they were a vaso-motor disturbance. He had not found treatment nil entirely, as he had found relief from antipyrine.

Dr. Harry Friedenwald said in conculsion, he did not agree with Dr. Bressler in that there was a relation between migraine and epilepsy. Nor that therapeutics were nil, as he had gotten good results in some cases from the exhibition of antipyrine. He agreed with Dr. Chambers that there was probably some relation between migraine and hysteria. He was not yet ready to accept what Stevens says, that all cases can be cured by attention to the eyes. The object of this paper was to show that all cases of migraine were not due to visual disturbances.

Dr. H. C. Silver then read a paper entitled

ECZEMA AND ITS TREATMENT.

(*See page* 203.)

Dr. Wm. H. Norris said he thought

Dr. Silver had hit the disease squarely, when he prepared his patient for treatment by cleansing him so thoroughly.

Dr. J. E. Prichard then read a paper entitled

VULNUS SCLOPETICUM.

(*See page* 159.)

Dr. Thos. B. Evans then reported

A CASE OF TRAUMATIC TETANUS.

(*See page* 158.)

Dr. Wm. S. Gardner said he was somewhat surprised at the stress that Dr. Evans placed upon the constitutional treatment. Tetanus is one of the diseases we know something about. Most other diseases we know little or nothing of. Tetanus is caused by a micro-organism, and is a local disease, therefore the rational treatment should be local. Dr. Evans says he noticed a marked improvement after removing the splinter from the patient's arm, he thought that if the doctor had laid open the wound at first the improvement would have been noticed sooner.

Dr. David Streett said he was wondering what effect the treatment had in the case. He had seen four cases that recovered, and they all recovered without any effect the treatment had upon the patient. One, a man who, walking along the street, was struck by a bale of cotton on the head. He recovered in about the same time as Dr. Evan's case did, without any direct treatment being given. All of his own cases have died, they all had local as well as constitutional treatment, the local treatment consisting of opening the wound freely and washing out with a carbolic acid solution. Yet they all terminated fatally in spite of good treatment.

Dr. H. T. Rennolds said he saw a case of a child who had tetanus from a wound made by a toy pistol. The case was already advanced when he saw it, and as there was a good deal of secretion in the mouth, he ordered a mouth wash, and when he saw it again, the patient was doing so well that he did not direct any further treatment and the case went on to recovery.

Dr. J. W. Chambers said the experience of most of us is that there are few cases of tetanus that recover. Whatever is to be done should be done immediately. About 75 per cent. of the cases terminate fatally. If there are few organisms, the case will be a chronic case, and those are the ones that recover. The wound of irritation is always small, and it is not that the wound is in the hand or the foot, but that these parts are most exposed to the germ causing tetanus. Persons who work about stables or in gardens that have been fertilized with stable manure, are peculiarly liable to tetanus on receiving small wounds. The germ itself does not cause the tetanus, but there are ptomaines that are developed from the germ that causes the disease. The bacterium of tetanus is rarely found far from the seat of injury.

As to the acute form, we have little or no control over it and this form usually terminates fatally.

Dr. F. C. Bressler said it is stated that the bacillus of tetanus is frequent about horse stables; there is one thing peculiar about this statement, and that is the rarity of tetanus among horsemen. He did not know of a single case of tetanus occuring among horsemen. As to the bacillus of tetanus we have learned that it elaborates three products or ptomaines, namely: tetanine, tetano-toxine and spasmo-toxine, and the severity of the case will depend on the quantity of these ptomaines absorbed.

Dr. J. N. Chambers, said recent experiments have demonstrated that there is a direct association between tetanus and the horse. That the patient is or was associated in some with the horse, as driver or gardener where the soil had been enriched with horse manure, or in some other way.

Dr. Evans, said he was glad to learn

that all the world of tetanus had been subdued. All the authors that he had read say that the pathology of tetanus is not known. He believed we have an idiopathic tetanus. There are many cases where tetanus is produced by a blow without an open wound. He said as soon as he relaxed the treatment in the case that the boy lost ground and the spasm became more pronounced. The pectoral muscles were involved in this case and he was very guarded in his prognosis.

STATED MEETING HELD DEC. 11, 1890.

The 717th regular meeting of the Society was called to order by the President, Dr. H. T. Rennolds.

Dr. Edw. W. Willis was elected to membership.

Dr. Howard A. Kelly read a paper entitled

ANTISEPSIS AND ASEPSIS BEFORE AND AFTER MAJOR GYNECOLOGICAL OPERATIONS.

Dr. Geo. H. Rohé said Dr. Kelly has shown that asepsis requires more attention than antisepsis. The elaborate ceremonial of antisepsis presented by Lister and others is unnecessary if asepsis be practiced. He was struck with the importance that Dr. Kelly gave to the cleansing of the cutis in preparing for operations. He thought it an important matter also to inquire into the functions of the kidneys before operating. He had had two deaths from acute suppression of the urine within 24 hours after operation. Had there been a careful inquiry and the condition of the kidneys ascertained, he would not have operated in these cases In the matter of cleansing the drainage tube, with all this care in keeping the outside of the tube clean, is there no danger of infection from within? He would ask if Dr. Kelly had ever made any cultures from the contents of the tubes?

Dr. Kelly, said yes, of an hundred or an hundred and fifty cultures that were made from the contents of the tubes, there was only one where pus organisms were found.

Dr. Rohé, said that shows the importance of Dr. Kelley's method of sterilizing. There is nothing so sterilizing as moist heat at 100°c. He thought the ordinary wash boiler would answer the purpose at the patient's house, the dirt was of no importance after half hour's boiling, it was the organic dirt that was to be feared, and guarded against. He could very well appreciate the objections to using the pitcher which is found in the average bed-room, as it is usually the recepticle of odds and ends in the shape of hair pins, &c. The kit which Dr. Kelly has shown is an ideal one, but on account of its expense will never become a popular one.

Dr. J. F. Martenet said all surgeons of the present day appreciate the importance of asepsis. He had listened to Dr. Kelly's paper with pleasure, and it has been his privilege to see a great deal of his work in the last few months, and he thought that his success was due to his painstaking care and attention to the requirements of asepsis.

Dr. John W. Chambers said the question of asepsis is of importance in all surgery, it is just as important in miner as in major surgery, and he hoped that it would not be thought that Dr. Kelly meant that asepsis should only be observed in major operations. We must keep *all* wounds *clean*. It is not the surgeon who does major operations that requires to have his attention directed to the importance of asepsis, but it is the every-day-man who opens boils, takes out a splinter and such like minor operations. There are more cases of sepsis traceable to these small wounds than the major traumas. Not only the profession but the public also should be taught the importance of keeping all wounds clean. The history of the cultures from the doctor's finger nails, after washing and scrubbing them for ten minutes, is valuable. There are enough bacteria in the cultures from that source, to kill all the

women he had ever seen, which is certainly more than he has operated upon. Dr. Kelly has done a great work in simplifying the methods of his work, and the time of the Society has been well spent in listening to his paper.

Dr. Kelly said in conclusion he thanked the Society for the courtesy it had extended to him. He appreciated what Dr. Chambers had said as to the necessity of observing asepsis in minor as well as in major operations, and the following quotation from the paper he had just read would cover that point, "a clear understanding that the same laws apply to lesser or minor gynecological cases, here, as elsewhere, the major thus including the minor." He was in full accord with Dr. Rohé's remarks, and the best comment he could make would be to quote a latin proverb, "rem acu tetigisti," you have touched the matter with the point of a needle.

Dr. Wm. T. Cathell then read a paper on

THE TREATMENT OF THE NASAL CATARRHS.

(*See page* 184.)

Dr. F. C. Bressler said the paper of Dr. Cathell is of interest because it treats of a disease which we are all called upon to treat. In acute rhinitis the therapeutics as suggested by Dr. C. are all good. One remedy which he finds good is equal parts of tr. belladonna and pulsatilla, in one to three drop doses, as required. In these varieties of nasal catarrh we may have symptoms of bronchitis, and on examining the chest we find no signs of bronchitis. In this form a solution of nitrate of silver will promptly clear up the trouble.

In the chronic forms there is only one treatment, and that is cleanliness, which is best accomplished by washing out the nasal cavity, the water should be of the proper density and temperature, and the patient should be instructed to use it as follows: Take a deep inspiration and fill the lungs with air, then take a mouthful of water, roll the tongue back and expire, and instead of swallowing the water, the force of the air coming out of the lungs will drive it up through the post-pharyngeal opening into the nostrils. By this means we know that the Eustachian tubes are closed when the water passes over them, and the danger of middle ear troubles is thus averted. In hypertrophic catarrh, operation is necessary. The galvano-cautery is the best instrument to use; there is some difference of opinion as to the degree to which it should be heated, some say a red heat and some say white. But in cutting, you should always cut from behind forward.

Dr. Wm. T. Cathell said Dr. Bressler's therapeutics would be of benefit if the floor of the nose only is involved, but if the changes are high up, his remedies would not reach it. He had used belladonna some, but not of late, you cannot tell who of your patients may have an idiosyncrasy against belladonna, and as about two per cent have this idiosyncrasy, he had not used it of late on that account.

Dr. John U. Pickel exhibited

A SPECIMEN OF DISLOCATED KIDNEY.

The patient was a colored boy, aged 9. He was first seen on April 1st, 1890, suffering from convulsions. When seen he was conscious, with elevation of temperature, full, rapid pulse, and complained of pain in the abdomen. On examination a fluctuating tumor was found one inch to the right of the umbilicus, which, upon manipulation, disappeared. The boy seemed to improve under sedative treatment, but on the 6th day he was suddenly seized with convulsions and died. An autopsy was obtained. Dr. W. F. Smith, resident at the City Hospital made the autopsy with the assistance of Drs. Taylor and Ayd. The bladder was fully distended with urine up to the umbilicus. The left kidney was strongly adherent to the neck of the bladder, it was very small, and unfortunately it had

been torn loose from its attachment in making the post mortem.

Dr. J. W. Chambers said the structure of the specimen was curious, it is small and atrophied. Would like to know if it was inside or outside of the peritoneal cavity? and what was the length of the ureter as compared with the healthy kidney?

Dr. W. F. Smith, who made the post-mortem said, at the time the post mortem was made the parts were very much inflamed, he thought the peritoneum was pushed up in front of the kidney, so that the kidney was posterior so the peritoneal cavity. There were no exact measurements taken, but a casual comparison of the ureters showed them to be about the same length. The bladder was distended up to the umbilicus.

Dr. H. A. Kelly said congenital displacement of the kidneys is rare. He had looked for them in his work, but had not found them. That the ureter was of the same length as the healthy kidney is of interest, as in that case we must suppose that the kidney was once up in position.

Dr. F. C. Bressler showed a device of a bar with a thread cut on it, and a nut, which when attached to the handle of an obstetric forceps, keeps them closed when applied, thereby relieving the operator from the muscular exertion necessary to keep the forceps from slipping.

J. Wm. Funck, M. D.,
Rec. Sect'y.

1710 W. Fayette Street.

SOME SOURCES OF ERROR IN SOUNDING FOR STONE.

In a recent lecture Mr. Buckston Browne said his first proposition was, that in cases where the prostrate was enlarged, stones are often missed when the bladder is examined, because the sound has not reached the bladder, but is arrested in the prostatic urethra. He illustrated this by several examples, and expressed an opinion that in many cases where the bladder was found contrcated and the sound could not be turned, the real truth was that the sound had never entered the bladder. Next he proved that many stones were missed because the post-prostatic pouch is not explored. It was shown that in certain cases it was very difficult to explore this pouch by means of instruments passed in by the urethra, and that in certain other cases it was impossible to do so, and that in these rare cases the only way to thoroughly search was by means of suprapubic incision into the bladder. Several interesting and important cases from the author's personal experience were cited in illustration. The sound described was of solid burnished steel, with a round, smooth handle, a shaft ten inches long and equal to No. 7 of the English scale, ending in a smooth, broad, flat beak, exactly like the end of a broad, flat-bladed lithotrite. The author asserted that the beak of this instrument allowed it to ride easily over the bar at the neck of the bladder, and that it was not caught in one or other prostatic sinus as the end of the ordinary sound was so prone to be, and that when in the bladder it slipped more easily than an ordinary sound under a projecting prostatic middle lobe, and so enabled the surgeon to thoroughly search that favorite habitat of a stone—the post-prostatic pouch.—*Medical Press and Circular.*

TREATMENT OF CHILBLAINS.

M. Brocq (*Bull Méd.*, November 9th, 1890, and *Lyon Médicale*, December 14th, 1890), recommends the following method, originally described by E. Besnier, for the treatment of chilblains. Bathe the hands in a decoction of walnut leaves; dry, rub with a solution of camphor in alcohol; powder with a powder composed of salicylate of bismuth, 1 part, starch 9 parts. When the itching at night is very troublesome rub with a mixture of equal parts of glycerine and rose water containing approximately half a grain of tannin to the ounce, and powder with the above-mentioned powder. If the chilblains are ulcerated, dress them with walnut leaves soaked in warm water.—*Brit. Med. Jour.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY 31, 1891.

Editorial.

"NO DANGER."

Dr. Goodell has a frank, candid way of speaking about his experiences which might be imitated by many of us much to our own credit as well to the profit of those whom it is our duty to instruct. He is not one of those phenomenal persons who never make mistakes and whose cases are always brilliant and successful. He honestly tells us of his errors and usually makes them a text upon which he preaches a sermon which contains much wholesome food for reflection. In a recent clinical lecture (Journal of the Am. Med. Asso.) he calls attention to the unwisdom of using the phrase "no danger" in connection with the prognosis of any surgical proceeding which we are about to undertake. The text of his is as follows: "I was asked by a patient upon whom I was about to operate at one setting for a laceration of both the cervix and the perineum, whether there was any danger from the anæsthetic, ether, which was proposed to be used. I laughed her to scorn and called it the child's play of operation. But mark the result: both operations were performed, and satisfactorily too, as it seemed, but, as the patient emerged from the ether narcosis, incessant vomiting set in which could not be controlled by any means known to me or to the consultant whom I called in. On the fifth day she died from heart failure from this very etherization regarding which I had said there was no danger. Therefore I now never tell a patient that there is no danger in any operation." The last sentence in the above quotation, in our humble opinion, expresses a very important truth and one we cannot lay too much to heart. It is the simple truth and nothing more or less. We cannot honestly tell a patient that there is no danger in any operation however simple it may be and however favorable the statistics of it may appear. There may be, in any case, elements of danger which the most careful scrutiny cannot detect, but which may nevertheless determine the result. A case was reported in this city some years ago in which an eminent surgeon performed the operation of internal urethrotomy in the pendulous portion of the urethra. The patient was dead in twenty-four hours. We, upon one occasion twisted off a small Nabothian polypus. The patient died in less than forty eight hours. A case

of circumscision was followed by death in this city a few years ago. Most of us remember a case in which the patient was supposed to have died from chloroform inhalation where a post mortem examination revealed a ruptured spleen as the cause of death. A grain of sand dropped among the wheels of a complicated and powerful machine may derange all its movements and destroy all its efficiency. An extra jar may break a wheel that would have lasted for years in the absence of such an accident. The trivial operation or the anæsthesia which precedes it may be the grain of sand or the jar which is required to throw the human machine out of gear. We all know this perfectly well but we are inclined as a kindness to the patient to ignore it, and to assume responsibility which does not belong to us, the result being that when an accident does happen in a case where freedom from danger has been assured, both the surgeon and the profession which he represents are discredited. We are responsible for exercise of proper care and skillful but not for the chances in the case. The patient, or at least the patients friends, should be told of the true state of the case and made to assume his own burdens in the matter.

. . . .

The assurance of "no danger" is not always the result of a tendency to relieve the mind of the patient but is practised by some as a matter of business. No elements in the practices of quacks have more to do with the inroads they make into the domain of the physician than the promise of a cure and the assurance that there is no danger in the method to be used. The human mind, especially under the influence of disease and danger, naturally yearns for some positive assurance of safety. Recognizing this fact, many of the more "business like" members of the profession habitually assure their patients of a cure or promise them immunity from danger in case an operation is to be performed. They understand, as well as any of us do, the proportion of danger attached to the proposed measure but they also understand human nature, *i.e.*, they know that an assurance of safety will many times secure them a patient who with a plain honest statement of the facts in his or her case would seek other and more agreeable advice. They deliberately assume the responsibility, knowing that in case of success their fame will be increased in the land and that in case of failure, some excuse may be devised which will impose upon the credulity of their victims. The palliation usually claimed for such conduct is that if we do not adopt this plan, some one else will, and the patient is no worse off in our hands than he would be in the care of others. The fallacy of all this is too obvious to need explanation. The harm it does to the profession is immeasureable. It is brought down to the level of the bargain counter and loses the high position to which its great and successful efforts in the cause of humanity entitle it.

THE DEFICIENCY OF NATIVE-BORN AMERICANS.

It is a grave question in France to-day as to the inverse ratio of births to deaths, and measures have been taken by the Government to ascertain the cause. The neighboring countries, many of which

are by far neither so fertile nor have so many natural advantages as France, yet show a far greater increase in population. In our own country, so rich in natural resources it will also not many years hence become a burning question.

An article which we recently printed from the *British Medical Journal*, entitled "The Deficiency of Native-born Americans," remarks on the decline in the birth-rate in our country according to the recent census, showing that it is far below that of most prosperous European countries. Notwithstanding the fact that this census shows a very considerable increase in population, which is of course mainly due to immigration. In the decade 1871-80, about 9,000,000 births were reported, whereas in the decade 1881-90, only 7,000,000. We know that these statistics are not altogether reliable, as our laws of reporting are not enforced, and in many instances inadequate, especially in the country. Still there could not well be a decline in the way of reporting to such an extent, especially as we are advancing in sanitary conditions and means of recording.

Now in looking for the causes, for there are many, we find that the number of women in proportion to men is unusually low, and that there is also a deficiency of males between the ages of 30 and 50, which accounts in some measure, though to a small extent for the low birth-rate.

There are other points in connection with this, that belong to the domain of the political economist, the sociologist and the moralist. We will only mention a number of occupations in the United States in which women are employed to occupy places which in other countries are filled by men. A state of affairs which in many instances debars them from becoming useful wives and mothers.

If we look for the causes which concern us as physicians, we must begin to watch the young girl as the coming wife and mother, and bear in mind the chances and developments taking place at the period of puberty, that most important and interesting stage of woman's life, where normal funtional activity lays the foundation for future health, and see how many difficulties arising from our system of work, education, and other conditions the girl has to overcome.

Dr. George J. Englemann in his presidential address before the Southern Surgical and Gynæcological Association in the meeting held at Atlanta, Ga., Nov. 11, 1890, dilated in an excellent manner on the causes which imperilled the health of the American girl and the necessity of female hygiene bringing in all the causes so well-known to every thoughtful physician, and so little regarded by the mothers and daughters themselves.

Numerous works, good, bad and indifferent, have been written on the subject, but are they read by the mothers of the middle classes? that class which mostly represents every community.

In the upper classes, not very prolific in themselves, where in former years fashion helped to make the girls pale and weakly, good dame fashion at the present time commands red cheeks and more exercise, but later as married women come the many social requirements which interfere with their duties as mothers.

Advocates for more practical and sanitary garments are heard oftener at present, and their ideas are now also more generally adopted by the enlightened. Still, all this does not reach the middle class,

where it is of the most importance.

Great ignorance in many instances, and false modesty in more, prevents mothers from instructing their daughters as to the high importance of carefully guarding themselves, avoiding influences of temperature, overwork both physical and mental, nervous excitement, etc., during menstruation.

In all these cases a few simple, good suggestions, made by the family physician would have much weight in enlightening them as to the proper management of physical exercise, study and work, and would lay thereby a solid foundation for a healthy physical system, and a harmonious development of the functions of mind and body.

Now in the married, a few causes, although not so numerous as all the preceding, we wish to mention especially, appealing as they do to physician in entirely different forms.

Many a practitioner, with large gynæcological experience, knows, we are sure, of the countless devices in use to avoid conception, and in this we are speaking only of those cases in which the persons concerned really could well bear children and raise them. The many organic diseases which come to the notice of the physician resulting from imperfect coitus, not to speak of the many nervous and hysterical troubles resulting from the same, are well known.

But worse than all is the prevailing and increasing pernicious practice of criminal abortion, which is done more often than many of us would think. In this regard we are not sounding the alarm bell without cause or without due observation.

Often the physician is called upon to attend cases where no cause can be found for the abortion. The patient explaining the matter as due to overwork or a fall, when if we were allowed to make very careful search and examination, we could find in most instances a willful, wanton use of the many means that are advertised or known for such purposes. The religious papers even contain very often advertisements of pills, medicines or articles, the intent and purpose of which are almost in open language mentioned. Would the advertisers continue if it did not pay?

Every city has its many doctors who are known to follow this shameful practice, but how many are there that are not known?

Very rarely these criminal offenders are brought to justice. The subject has been spoken of very often indeed, but have there ever been any decided steps taken to mitigate this evil? There is very much in this connection that a physician can do, and we only bring this matter before our readers to bring out their opinions and co-operation.

CÆSAREAN SECTION VS. CRANIOTOMY.

We are happy to present to our readers the able paper of Dr. Neale on the above named subject. A large contingent of practical obstetricians, however, will not agree in all respects with the views presented by the doctor, and we earnestly hope that some of them will favor us with a presentation of the other side of the picture. There is no subject in obstetrics which rises into greater importance than does this one. It extends into the

domain of the highest ethics, and demands a most thorough and conscientious examination from those in whose hands the decision may lie. Cæsarean section is doubtless right where craniotomy is impossible or dangerous to the mother. The burning question is whether it is justifiable or not, under the present operative technique, in cases in which craniotomy does not place the life of the mother in great peril.

Reviews, Books and Pamphlets.

Lectures on the Structure of the Central Nervous System. For physicians and students. By Dr. Ludwig Edinger. Translated from the second German edition W. H. Vittum, M. D., St. Paul, Minn. Edited by C. Eugene Riggs, A. M., M. D., of the University of Minnesota. F. A. Davis, Philadelphia and London, 1890.

Edinger's work since its first appearance in 1885, has become favorably known to the majority of neurologists in this country, and the earlier editions have been several times reviewed; accordingly but little is left to consider in the American edition, beyond the translation, and general get-up of the book. Though in some places not quite equal to the German, the edition is distinguished by the really admirable drawings of the various parts of the nervous system, both macro- and microscopic.

A great many of these drawings are diagramatic, and while often not absolutely accurate, they never fail to show clearly and definitely what they are intended for. The excellent and original idea of the German edition in naming the details on the drawings themselves, is still carried out, saving an immense amount of time to the reader, in looking over the foot explanations; or hunting through the text to find the meaning of a letter or number. The German and Latin nomenclature is also retained on the drawings, with an English translation of the former in the letter-press at the bottom, a very important and useful addition for the English-German student of neurology, to whom it is more often impossible than possible to obtain a correct correspondence in the meaning of the English-German nomenclature of the brain, and especially of the medulla oblongata.

The translator throughout the work has followed the original very closely and literally, and to his credit, may it be said, the book has lost nothing of one of the most distinguished features of the original—the clearness and simplicity of style.

The book is divided into twelve lectures —an addition of two since the publication of the first edition. They may be naturally condensed into a review of the history and methods of investigating the central nervous system; with the embryology and comparative anatomy, and the general conformation and histology of the brain; (2) the convolutions and fissures, with a description of the central masses, (which is admirable), and the origin of the optic nerve; (3) the pons and cerebellum; (4) the peripheral nerves, spinal cord, medulla and pons, with a final review. The weakest part of the whole work is the section on histology, which might be augmented and vastly improved. Not the least pleasing addition to the first edition are the historical notes scattered here and there through the pages, a source of considerable condensed information.

The Atmospheric Tractor. A new instrument, and some new theories in obstetrics. By Peter McCahey, M. D., Philadelphia. Reprint.

Remarks on the Intrapulmonary and Subcutaneous Treatment of Tuberculosis.

By JOHN BLAKE WHITE, M. D., of New York. Reprint.

A Case of Stricture Followed by Rupture of the Urethra and Extravasation of Urine; External Urethrotomy, Recovery. By J. BLAKE WHITE, M. D., of New York. Reprint.

Pyoctanin in Diseases of the Eye, Ear and Throat. By W. CHEATHAM, M. D., University of Louisville, Ky. Reprint.

The Treatment of the Nasal Catarrhs. By W. T. CATHELL, M. D., of Baltimore. Reprint.

Revue Internationale de Bibliographie Médicale, Pharmaceutique et Vétérinaire. Dirigée Par le Docteur JULES RONVIER. Paris. Jacques Lechevalier, 23 Rue Racine.

This book being a true index medicus, appearing every three months, brings under index of diseases and subjects, medical titles of every paper written, where and when it appeared; filling 500 pages quarterly.

Writers on medical subjects will find the *Révué Internationale* of value. Subscription price is 20 francs annually.

Dr. Kallay's Arztlicher Almanach für 1891. Vienna. Wilhelm, Braumüller and Sohn.

This little German hand book has now appeared since 1880, and has met with a warm reception from all German physicians who used it, and to the German physician of this country it is especially recommended.

In arrangement very simple, it contains a full list of diseases and their treatment. Doses of old and new remedies; and a complete list of European health resorts, alphabetically arranged.

The faculties of every medical school in Europe are given, and the student or physician who wishes to visit Europe for the purpose of studying, would do well to consult this book. For recording daily visits made, half a page is free for each day, which is dated.

Medical Items.

Several more of fatal results from the Koch treatment have been reported in the journals of Europe, within the last week.

Beginning with the January number, the *Dietetic Gazette* will be under the direction of Dr. Simon Baruch, whose name is well known in medical literature.

Dr. Virchow's lecture on the results of his investigation of the 21 patients that died while receiving Dr. Koch's treatment, seems to have made a profound impression in some medical circles.

This is a useful hint:—Always direct a mixture containing a soluable sâlt of mercury to be taken from a glass or porcelain spoon, as the mercury will amalgamate the silver, and spoil both.

We are informed that Dr. A. I. Aronson will open an institution at No. 166 East Broadway, on the 31st inst., for the treatment of tuberculous patients by the Koch method, and that Dr. A. Jacobi will act as consulting physician.

Dr. Benjamin Lee, Secretary of the Pennsylvania State Board of health, has reported to his board an estimate of the extraordinary losses of life by influenza during the recent epidemic. The number of cases in the State was probably not fewer than 1,120,000, and the number of deaths was 7,880, or at the rate of 1 death in every 142 cases.

The Board of Trustees of the American Medical Association, at their recent Washington, D. C., meeting, adopted a

resolution favoring Washington as the permanent home of the *Journal*, also one asking the various state and local societies in affiliation with the association to contribute funds to erect a permanent building for the meetings, as well as library and office of the Association.

It is said by several Berlin journals that when Koch was informed of the intention of the German Government to donate him the large sum of money which he has since received, he declined the proposed gift. Most physicians find it a good rule never to refuse pay for honest services, regardless of when and where it is tendered.

The object of the American Nurses' Association, having its headquarters in New York, is a union for protection, provision in sickness, an annual fund, burial insurance, and friendly promotion of the professional interests of nurses; also it is proposed to have a loaning fund which may be drawn upon by members when disabled in the pursuit of their regular occupation.

It is futile to deny that there is a severe epidemic of typhoid in Florence. The statements are, however, much exaggerated as to the mortality. The cases apparently stretch along the line of one of the water supplies. The official figures up to this date which have been received by us are as follows: Total number of cases since the outbreak, 1,055; total number of deaths, 114, or 9.34 per cent.

Clarence W. Bowen, Secretary of the Committee on the Centennial of Washington's Inauguration, 251 Broadway, New York, desires information regarding the portraits of John Henry and Michael Jenifer Stone, Members of Congress from Maryland. These portraits, for the Memorial Volume, are particularly desired, to complete the list of portraits of the Maryland delegation in Congress at the time of Washington's Inauguration.

In a recent number of the *British Medical Journal* Mr. Stolkarrt reported an unusual accident in a young man he was called to see, in whom the scrotum was torn and the tunica vaginalis of each side opened into, exposing the testicles. The patient and his paramour had been drinking the previous night, and on returning home she expressed a desire for sexual intercourse, that was not gratified by the man, whereupon she seized his scrotum and wrenched it from its attachments with the result above noted. The patient recovered.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM JANUARY 20, 1891, TO JANUARY 26, '91

The extension of leave of absence on account of sickness granted Major Stevens G. Cowdrey, Surgeon, in Special Orders No. 302, Dec. 27, 1890, from this office, is still further extended two months on Surgeon's certificate of disability.

Major William H. Gardner, Surgeon, is relieved from further duty in the field, and will return to his proper station.

Captain Francis J. Ives, Assistant-Surgeon, is relieved from temporary duty at Pine Ridge Agency, S. D., to take effect when his services can be spared by the commanding officer of the troops there stationed, and will then return to New York City, and resume his leave of absence.

Capt. Edwin F. Gardner, Assistant-Surgeon, is relieved from duty at Pine Ridge Agency, S. D., and will proceed without delay to Fort Riley, Kansas, and report for temporary duty to the commanding officer of that post.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JANUARY 24, 1891.

Surgeon Remus C. Persons ordered to the U. S. S "Concord," Feb. 10.

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CONTENTS

ORIGINAL ARTICLES.

Clinic held at the Hospital of the Good Samaritan, Jan. 29th, 1891. By Professor Randolph Winslow, M. D. 309

A Case of Lumbar Hernia. By W. B. Platt, F. R. C. S. (Eng.) 311

On the Use of Splints in Fracture of the Long Bones. By J. E. Prichard, M. D., Baltimore. 312

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Dec. 19, 1890. Craniectomy for Microcephalus Discussion. Reflex Disorders of the Nervous System from Eye Strain. Discussion. 316

Medical and Surgical Society of Baltimore. Stated Meeting held Jan. 22nd, 1891. . . 319

EDITORIAL.

Some Cases of Nerve Grafting. . . . 320
The Use of Ether as an Intoxicating Drink. . 321

CORRESPONDENCE.

The Excrementitial Treatment of Germ Diseases 323

REVIEWS, BOOKS AND PAMPHLETS. . . . 324

MEDICAL PROGRESS.

The Anilines in the Treatment of Tuberculosis.—A Case of Chylothorax. A Surgical Use for Ants.—Treatment of Foreign Bodies in the Larynx and Œsophagus.—Ununited Fractures.—Vesical Calculus in Women.—The Administration of Morphine by the Nostrils. . . 325

MEDICAL ITEMS. 329

Original Articles.

CLINIC HELD AT THE HOSPITAL OF THE GOOD SAMARITAN, JAN. 29th, 1891.

BY PROF. RANDOLPH WINSLOW, M. D.,

Attending Surgeon.

1ST.—COMPOUND FRACTURE OF TIBIA, REMOVAL OF SEQUESTRUM.

The first case presented was one of severe compound fracture of the left tibia, from which it had become necessary to remove a sequestrum. The patient, a boy seven years of age, entered about two months ago, having been sent in by Dr. W. S. Maxwell, of Kent Co., Md. The day previous to entrance, the little fellow whilst riding upon a load of hay slipped, and in falling, ran his left leg between the spokes of the revolving wheel. He was violently dashed to the ground, and a very severe compound fracture of the tibia at its upper and middle third was sustained, the soft parts were extensively torn from the bones on the front of the leg, and the laceration of the skin continuing about six inches down the front of the leg, then passed transversely around the limb to its posterior aspect, leaving a large exposed surface of muscles and subcutaneous tissues. The upper fragment was entirely denuded of periosteum, leaving the bone absolutely bare. The fracture ran in an oblique direction.

There had been considerable hæmorrhage, which had ceased when he was admitted. The limb had been wrapped firmly, and enveloped in a pillow, and he was brought on a mattress from his home to the hospital. Having placed him under chloroform, the parts were carefully disinfected, the ends of the bones wired together, and the soft parts accurately sutured, an antiseptic dressing applied, and then a splint. The boy did well,

had but little reaction, the wounds healed kindly, and consolidation took place, but at the lower angle of the skin wound, granulations became exuberant, and denuded bone was detected, which soon protruded through the opening at that point. On January 29, this sequestrum was removed without difficulty, leaving a smooth granulating cavity. The necrosed piece was rather more than an inch in length, and involved the whole thickness of the tibia, but the continuity of the bone had been restored by the periosteum which had been separated from the bone. He will doubtless recover with a strong and useful leg.

2ND.—VARICOSE VEINS.

Prof. Winslow next exhibited a patient upon whom he had operated for enormously dilated varicose veins, which had caused ulcers of the leg, and pain and disability. The method adopted was chiefly the subcutaneous ligation of the veins with catgut in several places. At two points, owing to infiltration of the tissues, it was necessary to tie the vein and skin together. The operation was done with antiseptic precautions, but some suppuration occurred, probably on account of the catgut not being entirely aseptic. A plastic phlebitis of the internal saphenous vein developed, producing pain, and a cord like thickening of the vessel, without suppuration. The varicose vessels had been obliterated, and the condition cured.

3RD.—HIP JOINT DISEASE. APPLICATION OF EXTENSION APPARATUS.

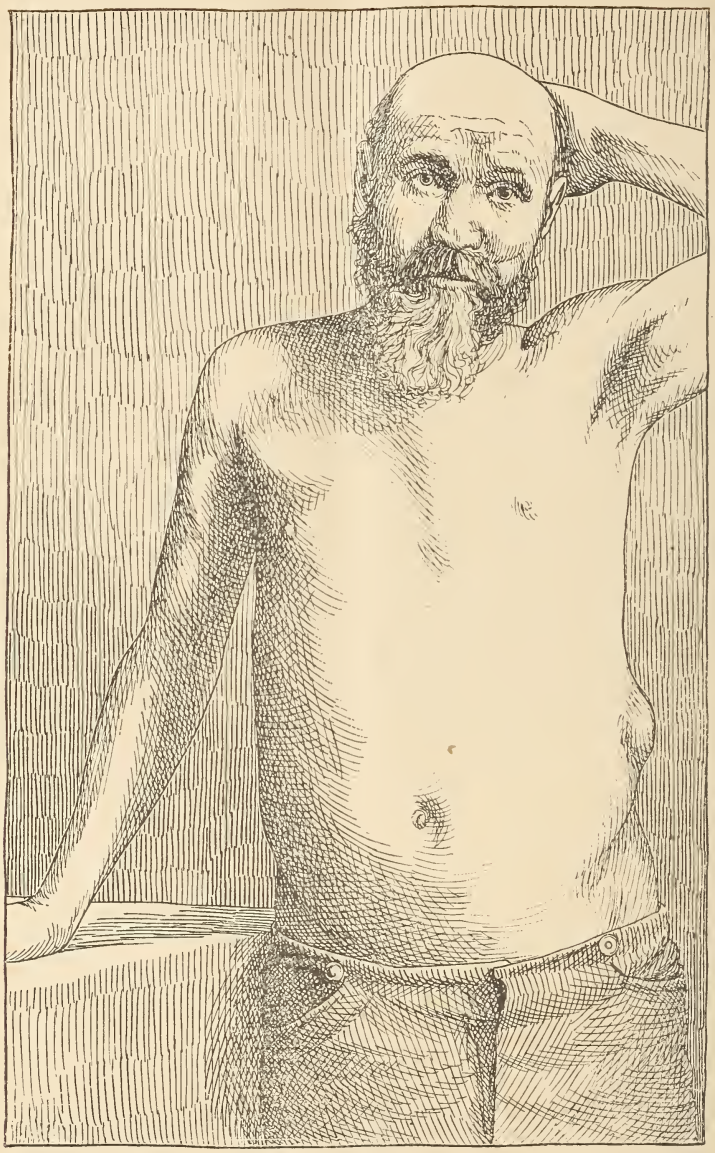
The third case brought before the class was one of hip joint disease, which was still in its earlier stages, there being no deformity or shortening, but some exudation within the joint, and marked spasm of the adductor and psoas groups of muscles. Starting pains and tenderness had been present, but under extension with the weight and pulley these had ceased. The limb having become excoriated the plasters had been removed, but as the raw places had all healed the extension apparatus was again applied. The little girl eight or nine years of age had improved wonderfully, and is about ready for the application of the hip splint.

4TH.—RADICAL CURE OF HERNIA.

Before concluding the clinic Dr. Winslow said he would like to allude to a case upon which he had performed the Macewen operation for the radical cure of a large inguinal hernia sometime since, and which he had visited at her home only the day before. The sac was folded upon itself, and returned with in the abdominal cavity, forming a barrier to the further descent of the bowel. The internal ring and inguinal canal were sutured so as to restore the obliquity of the canal; the external ring was reduced in size by suturing. She had done admirably, and left the hospital in four weeks. At this time there is no evidence of any protrusion, and the parts seem to be firmly agglutinated. Whilst it is too soon to claim a radical cure, the probabilities are entirely favorable to that view.

AN EARLY ATAXIC SIGN.

Weiss, of Vienna, says that an early symptom of locomotor ataxia is an inability on the part of the patient to walk backward, while as yet, and in other ways, he may be able to walk with firmness and rapidity. Perron, of Bordeaux, has also, as we stated several weeks ago, recently suggested an early diagnostic sign, which is simply a modification of the Romberg test—namely, causing the suspected ataxic patient to stand upon one leg, instead of two, with the eyes closed. If the patient shows a tendency to fall it may be inferred that the spinal trouble has begun which will lead on to locomotor ataxia, even if the Romberg test fails, as it not infrequently does in cases that are not well advanced.—*N. Y. Med. Jour.*



A CASE OF LUMBAR HERNIA.

A CASE OF LUMBAR HERNIA.

BY W. B. PLATT, F. R. C. S., (ENG.)

Surgeon to Bay View Hospital, Baltimore.

Patient, J. R. born in Ireland, age 53 years; has had a swelling in the left abdominal region for eighteen years. Entered Bayview in October, 1890. When previously in this institution he was employed in the fire-room, where he wheeled heavey loads of coal.

During the late war he was shot through the left upper arm, and is now unable to flex or extend the fore-arm completely. His nose is broken and the face covered with scars. He entered the hospital for treatment of small ulcers on the legs. He has palpable supratrochlear glands, and is undoubtedly syphilitic. Eighteen years ago, he says, he fell backward over the edge of a stone quarry in which he was at work, about fifteen feet, and striking the left abdominal region, upon the upright end of a sledge-hammer This injury, was followed by a localized swelling, and extensive effusion of blood beneath the skin and superficial fascia. To his demand to have the swelling incised, the attending surgeon declined, upon the ground that "it would let his insides out."

The swelling causes him, as a rule, little inconvenience. When straining at stool, or lifting heavy weights, it bulges balloon-like, outward, increasing markedly in size, and becoming more tense. At such times he experiences some discomfort. A firm, broad bandage relieved him of this inconvenience. The patient is a strongly built man, quite fat withal. His health appears considerably broken, in consequence of his various excesses and injuries.

The swelling in his left abdominal region is oval, longer from side to side than from above downward. It's longest diameter is obliquely upward. The edge nearest the median line, touches a line drawn directly upward from the anterior superior iliac spine, while the upper margin reaches to within half an inch of the lower ribs. With the patient lying upon the back, the longest diameter is 4 inches, shortest diameter 2¾ inches. Crest of ilium to lower edge of swelling 1¼ inches. Crest of ilium to upper edge of swelling 4 inches. From vertebral spines to nearest margin of swelling 9 inches. From linea alba to nearest edge of swelling 6¾ inches. The swelling is slightly irregular and soft; doughy, when made as small as possible by pressing the tumor into the abdominal cavity, thus reducing part of its contents. It becomes less when patient lies upon the right side. In the dorsal recumbent position, there is tympanitic resonance on percussion, and a strong impulse, and increase in size on coughing. The tumor cannot be entirely reduced, even when patient lies upon the right side. When then intestinal contents enter the abdomen, the end of one of the lower floating ribs can be felt near the center of the swelling.

It will be seen from the foregoing description, that we have to do with an abdominal hernia of the variety ordinarily called lumbar, whose sac contains both omentum and intestine.

There is no evidence whatever that the hernia escaped through the canal of Petit. After looking over the histories of a number of cases, I am inclined to doubt that this is even usual in lumbar hernias. There was in this case a severe contusion, and probably a splitting apart of the abdominal muscles at the seat of the hernia, through which the intestine and omentum at once emerged and were detected by the attending surgeon at the first examination.

At the present time there is no indication for operative inteference, since a snug bandage and pad, relieves discomfort and permits the patient to do ordinary labor.

Lumbar hernia is rare enough to call for a report of every case, and after Dr. Mastin's* excellent article on this subject, and citation of the 32 cases he had

*Annals of Surgery, July, 1890.

been able to find recorded, a resume of the same literature is superfluous.

While it seems impossible for any surgeon to mistake a lumbar hernia containing intestine, for a swelling due to any other cause, a general practitioner might easily make that error in view of rarity of hernia in this region.

Many surgeons have never seen a case. Mr. Birkett of London, an authority upon hernia, in his monograph in the 3d edition of Holems' System of Surgery, mentiones lumbar hernia as having been described by several surgeons", but does not speak of a case under his own observation. We learn that since this time he has seen two cases. Before operating it is often impossible to say in a given case whether large or small intestine occupy the sac or whether there is a peritoneal sac at all. We must at the outset exclude a fatty tumor of the abdominal wall, a "cold abscess", a collection of fluid communicating with or involving the kidney, and a soft maligant tumor, where any doubt exists as to the nature of the swelling.

The ordinary signs of hernia were clear in this case, viz: tympantic resonance on *gentle* percussion (to make sure that resonance is not transmitted from the general cavity of the abdomen), decided impulse on coughing, with enlargment and increase of tension in the swelling.

Like other herinas, those in this region may be congental, as well as acquired. In the former case, due to defect in, or abnormal thinness of, some portion of the abdominal wall.

In those noted as acquired, it is also quite likely that in some, a weak spot pre-existed, and yielded to a strain or blow insufficient to cause a lumbar herina in another individual.

859 Park ave.

The surgical treatment of peritonitis by drainage does not seem to have found so much favor in France as it has in England or in Germany, and the cases which are recorded are not very numerous.

ON THE USE OF SPLINTS IN FRACTURE OF THE LONG BONES.*

BY J. E. PRICHARD, M. D.,
OF BALTIMORE.

At the annual meeting of the New York State Medical Society for the year 1859, to which I was a delegate from Leur's Co., my attention was first called to the use of extension and counter extension by Dr. John Swinburn of Albany, with whom I was on intimate terms and so continued while he lived. I am able to give my experience in the treatment of fractures of the femur by simple extension, and the history of fifty cases which in my hands had resulted better, with more rapid recoveries and more comfort to the patient than I had been able to attain by any other means. I now propose to show that the same method can be applied to the treatment of fractures of all the long bones with equal success, and also that splints *per se are useless*, and in many instance worse than useless, if not absolutely injurious, unless they are used as mediums by which the muscles are kept on the stretch.

I will endeavor to show from actual experience, first, that the practical surgeon requires no appliances for the treatment of fractures of any long bone, except such as are extemporaneously made; second, the same can be said of the treatment of fractures occuring in or in close proximity to any joint, such as intra capsular fracture of the neck of the femru, colles fracture of the radius, those involving the elbow joint, the surgical neck of the humerus, compound dislocation and fracture of the ankle joint, compound fracture of the tibia and fibula, *etc.*; thirdly, the same is true of diseased *hip joint*, morbus coxarius, also incipient knee joint disease. (These several points we have not the time to discuss to-night.) To the young surgeon I conceive this to be the most important part of surgical prac-

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*Read at the 718th meeting of the Medical and Surgical Society of Baltimore Jan. 8th 1891.

tice, for this reason, that when a limb is fractured the first or most convenient physician is called in who is surely expected to know all about this class of cases and also the true principles involved in its treatment.

On the other hand if he should be deficient in knowledge and the case result badly, his ultimate success as a surgeon is destroyed.

A physician will seldom be called to any important surgical case except it be one of emergency, such as fractures, injury by fire arms, accidents by machinery, railroad, *etc.* In such instances accident furnishes the material, while the young man must have the proper knowledge to profit by it, for purely accident and not intention gives the surgeon employment; thereby giving the public an oppertunity to distinguish between the real scientific surgeon and the charlatan.

If the surgeon has all the knowledge and not the means to purchase the complicated and increasing complication of surgical appliances, he is like a ship without ballast, or like a carpenter without his tools. And here I would enquire how many young practitioners have the means to purchase mechanical appliances for the treatment of fractures indiscriminately in order that they may be able to compete with old practitioners or be prepared for any emergency?

It has been said that *accident makes the man.* Would accident make the man if he had not the knowledge to take advantage of circumstances? I can conceive how accident might give us wealth, but accident developing wealth or social position, and accident developing one mental and social position, are things quite separate and distinct.

I would ask, of what service are splints? What office do they perform in the treatment of fractures? Authors say they support the bone while union is being effected. I would ask how many fractures of the long bones can be placed in apposition without the use of *extension?* particularly in oblique fractures or where there has been great injury to the soft parts and overlapping of the bone? I know of few exceptions. The true use of splints should be to keep the fractured ends of the bone in apposition by placing the muscles on the stretch, and make them (the muscles) the true splints. The experiments of Reid and others show that muscles are not susceptible of being stretched beyond their normal capacity, that when so stretched, they are capable of bearing great lateral pressure without much deflection, and any undue lateral pressure results in rupture of the muscular substance.

The supporting power of muscles may be pretty well illustrated by the following experiment. Take a strip of wood and encircle it lengthwise with a number of cords or catgut, or other strong fiber. Fasten these cords to two pieces of board, and then by drawing these boards strongly apart render the cords tense. The cords represent muscles, the strip of wood bone, the tightening of the cords extension and counter extension. While the investing cords are in this tense condidition, endeavor to bend the strips of wood, when it will be found that the deflection is very slight, and the fracture of the stick is impossible. Replace this strip of wood with one broken through the centre, endeavor to bend it while the cords are tense, and the deflection in this case will also be very slight. To carry out the analogy still further, let the cords be attached to the ends of the strip of wood, as the muscles are virtually at the end of a bone.

Now, if fractured ends happen to be square, (representing a transverse fracture of bone) they will be in apposition while the cords are made tense, but when the tension is relaxed, the stick is no longer straight, and it bends to one side or the other, as the case may be. Now, represent an oblique fracture of bone by cutting the fractured ends of the stick to any angle, oblique or acute, while the cords are stretched by extension, the ends lie in juxtaposition, but when the extension is relaxed the ends slide past each other and lie at rest side by side in the

only position possible for them. Suppose this broken stick, instead of being enveloped by thread or string, was covered with muscles put upon the stretch and bound laterally by strong investing fascia and celluar tissue, the interstices of which are filled up with fat, and invested by skin, so as to combine the separate parts in one whole, you would have then, I apprehend, splints more permanent, unyielding and enduring than any artificial appliance. How is it for instance, where nature is left to herself without any mechanical appliances. The bone unites, and that too without any bandges or lateral pressure though with more or less deformity.

But it unites notwithstanding the motion which takes place almost hourly. All that nature requires for perfect union of bone, is rest, and a moderate degree of excited action, while all pressure by splints, bandages, etc., only impedes the process of reparation, and this pressure in my humble opinion is a prolific cause of non-union, as I will endeavor to demonstrate hereafter While nature requires rest for bony union, she requires also "perfect apposition" for union without deformity. How is apposition to be effected? We start with the knowledge that a muscle cannot be extended beyond its normal capacity, and that any attempt to go beyond this, not only provokes resistance, but a tearing of the muscle.

Take for instance a fractured thigh; extension on the extremity by a strong man will stretch the muscles to their normal length only, which fact can be shown by most careful measurement, thus proving that the danger of too much extension is only imaginary. With the muscles drawn out to their natural state, what becomes of the bone? Where can it go if not to its normal position, with the fractured ends in contact? Let any one take the cadaver, dissect out cleanly and carefully all the muscles of any long bone, leaving all their attachments entire, and after fracturing the bone at any part, make extension. He will find that the fractured ends assume their normal position. Would they not equally do so in the living subject, where muscles are invested with skin, fat, cellular tissues and vessels? Again assuming the position that the extended muscles act as permanent adjusters of broken bones, and are in reality the only means by which the fracture is maintained in apposition, I ask of what use are all the mechanical appliances and apparatus, called "surgical splints," if not to effect the above named results. The splint beyond this, possesses no practical worth, on the contrary it is apt by too careful adjustment to impede the reparative process by interfering with the proper circulation of the part. It is for this reason that some surgeons make it a point to apply emollient dressing until the inflammation and the swelling subside. Even this delay is far preferable to the immediate application of carefully adjusted splints and bandages, particularly where there is much contusion of the soft tissue, either from the bone within or externally from the force by which it was broken.

Take for example, two limbs equally contused, the sharp edge of the broken bone goring the muscles and nerves, the cellular tissue filled to repletion with blood and the slightest movement causing the most excruciating pain; subject one of these to simple extension without any incumbrance to the broken member, such as splints or bandages, apply simple warm water dressing, (and this may be made antiseptic), and in a few minutes the patient is easy and comfortable and remains so as long as the extension is kept up. Let the other limb be adjusted by the most careful and approved surgical appliances (unless these are such as keep up the extension without bandages or compression), and there will be a marked difference between the two in the degree of comfort experienced.

Then we may say, that in extension the muscles and other investments of the bone are the true splint, and that there is but little exception to this principle being universally applicable. Surgeons situa-

ted in remote parts of the country have to act and not originate. They see comparatively few cases of surgery, and are the possessors of fewer instuments and surgical appliances. They may be called a number of miles to see a patient. and find when they arrive at the house, that the appliances which they are in possession of do not answer the purpose. What are they to do? Send for some one at any distance, thereby wasting much time and entailing much unnecessary suffering?

If we can treat any fracture occuring in the leg or thigh, from the hip to the foot, simply by a perineal belt and extension from the foot, without any splint, and make better results with more comfort to the patient and with more speedy recovery of the use of the limb, we have surely arrived at the grand desideratum and when the treatment of fracture of the arm or forearm is rendered equally as simple, we have, I apprehend, arrived at the "Ultima Thule." As for myself I have resorted to this treatment in all cases where it is practicable.

SOLUTION OF CONTINUITY OF THE LEFT HUMERUS AT THE SURGICAL NECK.

October 24 was called to see G. W. W., a youth aged 16, a pupil of the Manual Training School, who had fallen from a hay loft about 12 feet. He had a lamp in his right hand, and put out his left to save his head as he said. He is one of the nervous kind, I could hear him yell a square away from the house. He was very hard to manage. Upon examination I found great deformity; the arm was back of him; he thought his elbow was the seat of the lesion. At first it looked as if the shoulder was dislocated. By manipulating well-marked crepitus and well-marked displacement near the capsule. This was adjusted and splint applied.

Owing to his terrible excitement and yelling, equal to a wild Indian, I did not feel satisfied that I had correctly diagnosed the seat of the solution of continuity. The next day, (25th) I called to see him again. I was then provided with Squibb's chloroform; about three drachms was used. He was quickly under the influence of the anæsthetic. I found my former diagnosis very nearly correct. The fracture was oblique, commencing at or near the greater tuberosity, then down to the point of insertion of the pectoralis major. The humerus was two inches shorter than the right or opposite side. It was necessary to use considerable force to overcome this shortening. I then reapplied the same dressing, that was first used, consisting of an ordinary humerus splint and roll bandage.

On the 27th I found this mode of dressing would not hold the limb in normal position. Through the contraction of the muscles the arm was one and a half inches shorter than the right. I thought it advisable to re-dress the arm, and resort to the method I had seen in antebellum days.

The extension and counter-extension are made through the medium of a splint. This splint to extend about three inches below the elbow and about the same distance above the elbow and the lower part of the humerus is secured to the lower end of the splint with adhesive plaster and passed through a fenestrum, while at its upper extremity is fastened, the extremities of an axillary belt. In this way we are enabled to obtain full extension and counter-extension with comparative ease and comfort to the patient. The muscles making the only true splint. In this case an oval metalic splint was bent and adjusted on the inside of the arm; my object was a double security, for I have had in former times great annoyance from patients undoing the dressings, etc. All was then secured with a roll bandage. The arm was then kept in a sling.

November 7th, the dressing was removed and the arm examined, the fracture was found to be in place, a little osseous callus on one side. The dressing

was reapplied excepting a little change in the compress, so the callus would be absorbed, upon accurate measurement ¼ inch difference was found. On the 16th, it was dressed again. We now had good union but soft, a little mobile. The length was ½ shorter, this may be congenital. The same dressing was continued up to 21st. The extension splint was removed, the metalic one retained. On the 24th, he was dressed the last time. He now presented normal appearance but very little callosity, hardly enough to trace the line of the fracture. November 28th, the last bandage was removed, he then had free use of both shoulder and elbow joints.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 19, 1890.

The 242d regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. I. R. Trimble reported a case of

CRANIECTOMY FOR MICROCEPHALUS,

exhibiting his patient. He cited the report of Lannelougue, of Paris, of two cases operated on by him in May and June, 1890, and also one by Dr. Keen, of Philadelphia, operated on November 19th, and reported in the *Medical News*, of Nov. 29. Dr. Trimble's own case upon which the operation was done on Nov. 8, seems to have been the first of the kind in America, antidating Dr. Keen's by eight days. It was a child three years old, markedly idiotic, but otherwise healthy and robust. Although the head was not especially micro cephalic an experimental craniectomy was undertaken with the hope of relieving to some extent the unhappy condition. From the right side of the middle line extending nearly through the parietal bone a portion of bone, ½ inch in width, was removed. The dura was not opened. The wound healed promptly without pus or elevation of temperature. Some distinct improvement has followed the operative procedure. The child sleeps now all night, while before the operation two hours had been the longest single period. He can raise the body from the horizontal position, can sit erect with a little support, and can say a few articulate words, all of which he was unable to do before. More time is required to determine the amount of real improvement.

In the

DISCUSSION,

Dr. Randolph Winslow said that in his opinion such an operation could hardly be of any benefit in the case described. He could not see that with a fixed condition of skull, that any increased development of brain could follow the removal of a small portion of the bony wall. Resulting improvement must be otherwise explained.

Dr. Preston said that the case was one of great interest. He had read the report of the French cases, and was impressed with the new departure taken in brain surgery. He does not think, however, that the new operation promises any good results, because deformity of the skull does not affect the condition of the underlying brain. In the idiot there is a general lack of development of the brain, skull, and other parts of the body. He does not think that any part of the trouble is due to compression of the brain by a faulty skull cap.

Dr. Tiffany said that he agreed with Dr. Winslow in not being able to understand how any improvement could follow such an operation. In this case, brain space does not seem to be at all increased. The child's mother is very much pleased with the result, and there is some evident improvement which must be put down as cause and effect, but how? Why does the child sleep better? There are many

startling results obtained from operations on the cavities of the body, which are not understood. He considered such experimental operations as justifiable and good.

Dr. Trimble concluding, said that he was not prepared to explain in any way the unmistakable improvement in this case. The child certainly sleeps better and is otherwise improved. He had wanted to wait longer before reporting the case, but the article from Dr. Keen determined him to put this case on record.

Dr. Samuel Theobald presented a report on

REFLEX DISORDERS OF THE NERVOUS SYSTEM FROM EYE STRAIN.

He began by defining eye strain as that condition which exists when from any defect in either the refractive or muscular apparatus of the eye an excessive amount of nerve force must be experienced to secure clean vision. The most common cause of nervous disorder so far as the eye is concerded, he thought to be astigmatism, especially in the first place, when associated with a weak ciliary muscle, and second, in astigmatism against the rule, when the vertical meridian of the cornea is shorter than the horizontal. The muscular error most commonly causing neurosis he thought with Dr. Noyes to be insufficiency of the external recti, and next to this weakness of the internii. The condition of a lack of equilibrium between the vertical eye muscles, called by Stevens hyperphoria, he thought not so frequent as Dr. Stevens claimed, and by no means so productive of reflex nervous trouble. The nervous disorders mentioned by Dr. Theobald as associated with eye strain were: epilepsy, chorea, nervous prostration, insomnia, drowsiness, incapacity for mental work, vertigo, vomiting and headache. Of all of these forms of trouble, Dr. Theobald cited examples seen in his own practice. He had encountered only one case of epilepsy which seemed to be much benefitted by attention to the eye lesions, in this case an astigmatism against the rule. He considered the muscular troubles of the eye seen in chorea, the result rather than the cause of the disease.

In the

DISCUSSION

Dr. Harlan said that oculists and the profession generally, owed much to Dr. Stevens for calling attention to the frequent relationship existing between eye strain and various nervous troubles. The number of cases upon which Stevens found it proper to cut muscles to overcome strain was very large. In one hour in Dr. Stevens office he had seen three consecutive patients so operated upon, a fourth refusing to submit. One of the cases was of chorea, of 20 years standing, in a man 72 years old. Personally, Dr. Harlan had never seen insomnia resulting from strain, but had seen vertigo.

Dr. Hiram Woods said it would be an easy matter for an oculist to mention cases of headache and other neuroses relieved by the correction of refraction and muscular errors. Allusion had been made to Dr. Stevens' work. From what he had seen two years ago when he spent a morning in Dr. Stevens' office, and from what he had been told by a patient now under his care, he had formed the opinion that Dr. Stevens did not sufficiently test for and correct refraction errors before directing treatment to the eye muscles. It is no uncommon thing to find muscular errors either entirely disappear after the correction of an error of refraction, or, if they do remain, and can be demonstrated by prism tests, for them to give no trouble. The patient of whom he spoke had applied to him on account of headaches, "nervousness," disturbed sleep, etc., all of which she thought was due to her eyes. She had undergone, she said, five or six operations at Dr. Stevens' hands, before any effort was made to correct her refraction. At the time of her visit to Dr. Woods she had ciliary

spasm," to relax which it was necessary to use atropia for ten days. It was finally possible to demonstrate a hyperopia of two dioptrics in one, and one and a-half in the other eye, with an exophia (internal insufficiency) of $3\frac{1}{2}°$ for distance, and from 15° to 20° for near. Subsequently the eyes accepted plus 1.5 and plus 0.75 dioptries for distance. These, combined with $1\frac{3}{4}°$ prisms, base in, were ordered for constant use, and the weak muscles exercised by prisms. Her adduction in six months has come up from 11° to 42°. There is the greatest improvement in her "nervousness."

Dr. Woods agreed with Dr. Theobald's statement that Noyes was right in saying that *external* insufficiency was more frequently the cause of asthenopia than weakness of the *internals*. He mentioned two cases, one of simple and the other of compound hyperopic astigmatism which had not recovered after the correction of the refraction error. The addition of the correcting prism, base out, had affected a cure in each case. He thought that when a marked muscular error existed in connection with an error of refraction, the latter should first be corrected, and a certain time—a fortnight possibly—given, before anything be done for the muscular trouble. If the symptoms continued, and the prism tests showed muscular errors, they should be then attended to. Now and then a case is met with where there is little or no refraction error with a good deal of muscular trouble, and the latter is clearly the cause of the asthenopia. Here it should be attended to at once; in the majority of cases, however, he thought the muscular trouble secondary to the refraction error—especially if the muscle at fault was the internus.

He also spoke of the variableness in muscular tests, and asked Dr. Theobald if he found this a common difficulty in his practice. He asked Dr. Theobald, if, when a patient found prisms, (especially with base out), uncomfortable, he would then persist in their use, as Noyes advises, until the eye accepts them. He also asked the doctor to explain more fully the diagnosis of "weak accommodation," based upon an external insufficiency for *near* work.

Dr. Jos. T. Smith asked if by simple examination of the eyes it was ever possible to predict cure of the associated nervous trouble by the use of proper glasses, or whether such knowledge was not the result of long continued observation.

Dr. Theobald in closing, in answer to Dr. Woods question, said that he did get variation, not so much from day to day as at different examinations on the same day. He doesn't use prisms much, but prefers to divide the muscles.

In answer to the last question, he thought the normal condition of the muscular balance was a low degree of internal insufficiency for the near and none for distance. If this insufficiency for near is not manifest it indicates that there is an excessive amount of nerve force exerted upon the internal muscle. This he argues is brought about by a like force expended upon the ciliary muscle, since each have the same nerve supply. But this extra nerve force would not be needed for the ciliary muscle if it had its normal strength. As the absence of internal insufficiency, for the near thus indicates a weak ciliary muscle, so an external insufficiency for the near (a more excessive action of the internii), would indicate still greater weakness of the muscles of accommodation. In answer to Dr. Smith he would say, that while there was nothing in the opthalmoscopic picture to indicate nerve trouble, although a congested disk was usually seen, probable benefits to associated neuroses, could often be predicted to follow proper attention to the eye trouble.

The Society then adjourned.

R. B. Warfield, M. D.,
Rec. Secty.

A death from hydrophobia occurred in New York on January 23rd. He was bitten on the lip six weeks before, by a dog at Arlington, N. J.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD JAN. 22ND, 1891.

The 719th regular meeting of the Society was called to order by the President, Dr. H. T. Rennolds.

The Corresponding Secretary and Treasurer submitted the following reports.

I have the honor to present the following report as Cor. Sect'y, for the year ending Jan. 22, 1891.

Number of members at last report (Jan. 23, 1890, 84; number of new members admitted during the year, 14; total 98.

Resignations during year, 2; dropped for non payment of dues, 2; total loss, 4, membership at this date, 94. Being a net increase of 10 for the year.

Largest attendance at any one meeting, 52; smallest, 10; average, 20.

WM. H. NORRIS,
Cor. Sect'y.

I would respectfully make the following report of the financial condition of the Society at the close of the fiscal year, Jan. 22, 1891.

Amount on hand at commencement of year, (Feb. 1, 1890,) $83.16; dues collected during the year, $162.00; total, $245.16.

Amount disbursed during the year as per vouchers filed, $138.55; Balance on hand at this date, $106.61.

WM. H. NORRIS, M. D.,
Treasurer.

The reports and books of the Cor. Sec. and Treasurer were referred to the executive committee, to be audited, who reported that they found the books and vouchers all correct and that the books were kept by a method which was clear and concise.

On motion the reports were accepted, and ordered to be placed on file.

Dr. Wm. J. Riley, St. Joseph's Hospital, was elected to membership.

The following officers were then elected for the ensuing term:

President, Dr. David Streett; 1st Vice-President, Dr. Frank C. Bressler; 2nd V. P., Dr. J. F. Martenet; Cor. Sect'y and Treasurer, Dr. Wm. H. Norris; Recording and Reporting Sect'y, Dr. J. Wm. Funck; Committee of Honor, Dr. R. G. Davis, Dr. M. B. Billingslea and Dr. Jos. B. Saunders; Committee on Lectures and Discussion, Dr. H. T. Rennolds, Dr. A. T. Shertzer and Dr. L. T. Ankrim; Executive Committee, Dr. Thomas B. Evans, Dr. Hiram Woods and Dr. Geo. H. Rohé.

The Society then adjourned to the banquet hall, where several hours were pleasantly spent in a "feast of reason and flow of soul."

Dr. Thos. B. Evans was toast-master and the following is a list of the toasts and of those who responded.

To our retiring President, Dr. H. T. Rennolds; to our new President, Dr. David Streett; The Medical and Surgical Society, Dr. D. W. Cathell; The future of medicine, Dr. Thomas Opie; Dr. Robt. Koch, Dr. A. W. Mansfield; The doctor's baby, Dr. George H. Rohè; The specialist, Dr. H. Woods; The monthly nurse, Dr. E. M. Reid; Hypnotism, Dr. J. W. Chambers; Johns Hopkin's University, Dr. H. A. Kelly; Our treasuer; Dr. Wm. H. Norris; Looking backward, Dr. J. W. C. Cuddy; Evolution in medicine, Dr. A. V. Gosweiler.

Fifty-five members and their guests participated in the most successful annual banquet of the Society.

J. WM. FUNCK, M. D.
Rec. and Rep't Sect'y.
1710 W. Fayette Street.

REASON ENOUGH.

"They say Dr. Koch's lymph is dutiable under the McKinley bill. Now why should it be?

"It interferes with home consumption."

MARYLAND MEDICAL JOURNAL

Weekly Journal of Medicine and Surgery,

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, FEBRUARY 7, 1891.

Editorial.

SOME CASES OF NERVE GRAFTING.

With suture of the ends of a divided nerve, surgeons have long been familiar, and the good results of this procedure in many cases are well-known. When a considerable portion of nerve has been removed, a restoration of function has sometimes occurred. As such a restoration of nerve function cannot be expected in the great majority of cases, attention has naturally been directed, in these days of aseptic operation, to the replacement of the lost portion of nerve-trunk by a piece of nerve-trunk excised from a freshly amputated limb or from an animal just killed.

The first operation of this sort upon a human subject seems to have been the one performed by Dr. Mayo Robson of the Leeds Infirmary, England, in January 1890. The patient, a girl 14 years of age, had lost sensation in the part of the hand supplied by the median nerve, in consequence of the excision of a portion of the that nerve along with a tumor which had been removed from the right forearm just above the wrist. Two days later an amputation of a patients thigh was done in the same hospital. The posterior tibial nerve of this limb was at once excised and placed in warm carbolic solution, and the wound in the girls arm having been laid open, a piece of the tibial nerve two and a half inches in length was placed loosely between the ends of the median nerve to which it was fastened at its extremities with a fine catgut suture. The wound was then irrigated with bichloride of Mercury solution and its lips carefully sutured. Healing occured by first intention. Thirty-six honrs later, it was found that sensation had so far returned in the part of the hand previously deprived of it that the touch of a pencil could be localized. At the end of ten months the attending surgeon reported that the result was almost complete, sensation and muscular power having been recovered.

In the *Brit. Med. Jour.* Sept. 13, 1890, Dr. Atkinson, a colleague of Dr. Robson, after quoting the above mentioned case, reports four other cases of nerve-grafting.

In the first of these cases the removal of a tumor from a region 2½ inches above the inner condyle of the humerus had been followed by darting pains, tremor,

hyperæsthesia and muscular weakness in the limb. A tumor found afterwards to be a myxoma took the place of the tumor which had been removed. In January 1889, this growth was removed, and with it 1¾ inches of the median nerve which was attached to it. The excised nerve was replaced by 2¼ inches of median nerve dissected from a freshly amputated limb, fine catgut sutures being used. The wound healed in three weeks. At the end of 17 months there was some wasting of the muscles and dullness of sensation, but the movements and grip of the index and middle fingers were fairly good and the patient was able to use the hand at his work which was that of a porter.

In another case an operation was done for scarred wound received upon the arm seven months before from a scythe. The ulnar and median and internal cutaneous nerves had been cut and totally disabled. At the operation the ends of the ulnar nerve were sutured with catgut and likewise the ends of the internal cutaneous. A piece of spinal cord two inches long from a freshly-killed rabbit was sutured between the freshened ends of the median. Six months later sensation had returned, except in the ulnar region, and the muscular functions had so far improved that the fingers and wrist could be freely moved, the grip had some power and small objects could be picked up.

In another case, during an operation for resection of a carious hip-joint about an inch of the sciatic nerve was accidentally cut out. The piece was at once freed from diseased tissues, put back into place and fixed to the nerve by a single suture through each end. Next day there was complete anæsthesia of the limb, but on the fifth day sensation began to return in the toes, and at the end of six months sensation to touch was complete and the leg could be moved freely about.

In the last case, a miner had lost some two inches of the ulnar nerve in an accident. The sciatic nerves of a freshly-killed rabbit were exsected pieces of each two inches and a half in length were cut off, and these two bits of rabbit-nerve were laid side by side between the ends of the ulnar nerve and joined to them by a single suture.

Three months later sensation was complete except in the two last phalanges of the little finger; the patient had a fairly strong grip and could work at his coal-getting machine.

Dr. Atkinson thinks that these records show a very encouraging degree of success with this new and interesting operation.

THE USE OF ETHER AS AN INTOXICATING DRINK.

For many years vague reports have from time to time appeared, alleging the large use of ether as an intoxicant in Ireland. The able editor of the *British Medical Journal*, Mr. Ernest Hart, has lately investigated the subject, and the result is a highly interesting though most startling address before the Society for the Study and Cure of Inebriety. He ascertained that the habit was common throughout a large section of the north of Ireland, in the vicinity of Londonderry. Whole families indulge in it—the young as well as the old. It is sold by the grocers, and even by some physicians who dispense their own drugs. It is

hawked about and sold to the peasantry for eggs and produce. It is said that on market days the atmosphere is impregnated with its fumes. The ether which is used is the ordinary impure methylated ether of commerce, which is about one-seventh as cheap as that made from rectified spirit. The wholesale price of this article is "much less than one-half penny per ounce, a price far below all other intoxicating drinks." The supply is obtained from London, and much of it is smuggled in, in order to avoid the extra rate imposed upon it as an explosive.

The custom of using it, which began some forty or fifty years ago, has been regarded by some as a sequel of the Father Mathew temperance crusade, ether not being included in the pledges of his followers. Mr. Hart, however, is more disposed to regard it as due to the cheapness of the article, and the activity of the government in hunting down illicit stills. The ordinary dram is from two to four drachms (℥ij-iv), the price of which is one to two pence. One such draught will produce intoxication in the beginner, but old topers drink from twelve to twenty times in an evening, and a pint is considered by some not an extraordinary quantity during a debauch. It is usually preceeded and followed by a draught of water, but old habituè's prefer it "straight." As the effect passes off rapidly, leaving but little nausea, headache, dry mouth, etc.. symptoms which accompany the use of other intoxicants, the ether drinker may get drunk several times a day, and this constitutes a special danger of this form of drinking. The first effects are exhiliarating and decidedly pleasurable; the drinker becomes talkative, and disposed to be quarrelsome and pugnacious. The effects are similar to those of alcohol, but are more speedy in their onset and departure. In old drinkers the feeling of exhiliaration is absent, and only stupor follows the use of large quantities. Among remote effects are chronic gastritis and dyspepsia, muscular and nervous disability, tremors, wasting, anæmia and irregular action of the heart. Fibroid degeneration (cirrhosis) has not been noted. The physical changes, however, demand further pathological investigation. The moral character also suffers, self-respect is lost and lying and stealing are resorted to in the effort to procure the favorite stimulant without compunction or shame. According to some it produces a tendency to insanity. The exposure and risk incurred, the liability to death from overdose, the likelihood of spread of the habit over wi der territory, the alleged danger of setting oneself on fire in lighting a pipe, etc., and the possibility of the transmission of physical and other defects to ones posterity, add to the gravity of the practise and call loudly for legislation for its suppression. Already it has required a foothold in certian parts of England. Among measures of prevention which have been suggested are the imposition of heavy and increasing fines upon those selling less than say a gallon, except in the case of apothecaries and then only upon medical prescriptions.

The address of Mr. Hart has attracted wide-spread attention, and with the prompt result that ether is now included in the list of poisons which can only be sold by persons specially authorized for the purpose.

Correspondence.

THE EXCREMENTITIAL TREATMENT OF GERM DISEASES.

Editor Maryland Medical Journal:

Dear Sir:—At present, when Prof. Koch's treatment of tuberculosis is engaging so much attention it may not be out of place to state how thoughts on this subject have grown.

As early as twenty years ago I tried the local application of beef and calf blood to the small-pox eruption, (feeding the patient entirely on milk) in hope that the disease might be aborted or turned into horn pox or degraded vaccinia, from a ferment, or something in the blood of the animal, but before any conclusions could be reached the epidemic ceased. Since then, in November 1878, while writing upon yellow fever in your journal, I said "That if Jenner were alive he would be very apt to declare that his discovery had been but *half utilized* or *used in one direction only* to the neglect of the *great principle* that underlies it, namely, the *changing* of *disease* to a *milder type* by *passing through the systems of animals or plants,*" and again in the same article it was said that "our shame is increased also by the reflection that we have an instance in both a *plant* and *an animal* where disease passing through the pores has been of eminent service to us, and it is not likely that these are the only cases that can occur either *naturally* or *artificially,* for nature rarely gives a hint unless there be more to follow. Let us rouse ourselves then, and try *inoculations* of the *blood* and *secretions* of yellow-fever, diphtheria, scarlet-fever, typhus and *other* diseases upon *all* the domestic animals, and *some plants,* to ascertain what disease, if any, will be produced, and if it prove a mild one, induce others to use the fluids of such animals (or plants) to inoculate man." Besides this, on May 3, 1884, there was published in the *Jour. of the Amer. Med. Asso.* an article by myself upon paraldehyde, sugar and germ diseases. where the following words were used: "If paraldehyde acts in the system as it seems to do, elsewhere, it is evident if the contact be sufficient to *kill* or *retard* the development of certain kinds of bacteria or yeast plants, then such diseases as depend upon their presence ought to be *modified* or *prevented.* That bacterial diseases occur, is now generally admitted, and that modified *yeast plant ones** are also met with in man and animals, from analogy seems highly probable." "Do not think that I expect too much of this drug, or that it will render harmless or destroy all kinds of germs, for this is hardly possible, since each species thrives under special conditions of acidity or alkalinity best suited to itself. But if it or *any germ excrement* will retard the growth of one single form, in any given part of the body, so as to render the *yeast plant nearer* the *size* of a *vinegar fungus,* and the *latter more like bacterium,* or teach us to *control germs* by *other germs,* we shall be fortunate indeed." Also "if its study as the *modified excrement* of alcohol and relative of acetic acid will lead to the *use* and *discovery of* other *excremential substances* to act on tissues or specific germs in different parts of the body, and thus produce either an *excremential* or *restorative* treatment of disease it will be a boon indeed."

Again, "anything that will enlarge, temporarily fill up, or contract pores, or cause germs to become sluggish, smaller or greater, through starvation or overfeeding will be useful." Finally, "more severe cases must be treated and many comparisons be made, before we can venture to give positive opinions of this drug or answer the questions involved in such a subject as the *starvation* and *keeping*

*NOTE.—It is probable that the modified yeast plant disease will turn out to be cancer, and that internal tuberculosis, where the excrement for various reasons is not applicable, may best be treated by inoculations of the secretions and excretions of that animal which most completely resists inoculation from the tubercle bacillus, say the horse, or some creature, if any there be, that is by nature, or can be rendered completely immune.

above hurtful germs by the employment of *excrements* that will not nourish, or *stable substances* that they cannot readily pull down; but we have commenced and that is something." It will thus be seen, if some one has not written earlier, that I am the author of the *excrementitial* and *modified excrementitial treatment of all germ diseases*—Paraldehyde being a modified product of the yeast plant excrement alcohol—and hope, thanks to Koch's continuation of the subject in the next ten years to see, all such treated by *excrements* from *pure cultures* or cultures modified by chemical or vital means, and where these are not applicable on account of their poisonous nature, by active or modified secretions, cells or granules of man, animals or such as belong to plants, that will degenerate, encapsulate poison, or successfully eat up bacteria, and other germs or modify the tissues in which they grow. It is plain then that there is hard work yet to be done and that both bacteriologists and chemists will have to bestir themselves before these dawnings give place to full day.

Respectfully,

J. R. UHLER, M. D.

661 W. Fayette St.

Reviews, Books and Pamphlets.

Transactions of the American Orthopedic Association. Vol. 3, 1890.

The fourth session of the American Orthopedic Association was held in Philadelphia on September 16, 17 and 18, 1890, and the neatly bound volume of transactions is before us. Twenty-five papers were presented at this session, embracing a wide range of subjects, which called forth in most instances vigorous discussions.

Amongst interesting topics alluded to by Dr. DeForrest Willard in his presidential address, was the method of Gluck, of replacing excised joints, by ivory joints ingeniously articulated. The method whilst not as yet entirely satisfactory in its results, is a bold device, which deserves further trial. In some cases ivory insertions in the continuity of the shaft of the bone had been entirely successful. It seems to us however, that a piece of freshly excised animal bone would be more likely to be followed by good union, than the ivory plug made use of by Gluck.

"Amputation as an orthopedic measure" by Dr. Ap Morgon Vance, is the title of a short but practical paper. In this paper he advocates the more frequent resort to amputation in cases of inveterate deformity, instead of the use of apparatus; and even in cases where excisions of the joints are possible, he believe that amputation an the application of artificial limbs is preferable. With a few exceptions, those taking part in the discussion seemed to agree with Dr. Vance. It is certainly not uncommon to meet with cripples who would be much more comfortable with artificial limbs, than with their natural deformed ones.

Dr. Benj. Lee, of Philadelphia, read an interesting paper upon sacro-iliac disease, an affection which is seldom seen, and less often recognized. The diagnostic symptoms as described by Dr. Lee are:

1. A characteristic curvature of the spine, the curvature being single without a compensatory curve, and almost invariable absence or rotation.
2. A peculiar waddling gait.
3. Excruciating sciatica.
4. Abdominal pain in its early stages, which may be mistaken for some pelvic disorder in women. The treatment consists of rest, and firm compression of the pelvis with a broad leather band.

Six papers were presented upon the various aspects of lateral curvature of the spine, and a very wide diversity of opinion was developed in regard to this affection. Some of the speakers discarded all retentive apparatus and relied upon massage, gymnastic exercises and suspension, whilst others maintained their belief in

the plaster or leather jacket or some other form of support, in conjunction with the other methods mentioned.

A demonstration by Dr. T. G. Morton, of 11 casses of inveterate club foot, which had been cured by excision of the astragalus was a noteworthy occasion. Space fails us in which to do more than cursorily mention the excellent papers and discussions. The Society is evidently a live one, and we have no doubt that great results will follow its annual sessions.

Mechanical Obstruction in Diseases of the Uterus. By GEORGE F. HULBERT, M. D., of St. Louis, Mo. Reprint.

A Submembranous Local Treatment of Pharyngeal Diphtheria. By A. LEIBERT, M. D., Professor of diseases of children, New York Polyclinic, ect. Reprint.

Auscultation and Percussion. By FREDERICK C. SHATTUCK; M. D., Professor of Clinical Medicine in Harvard University. Published by George S. Davis, Detroit, Mich. Price in paper 25cts, cloth, 50 cts.

This book appeared in the series of the *Physicians' Leisure Library*, and is especially valuable as it contains clear and comprehensive direction to be observed in using these now invaluable means of diagnosis, auscultation and percussion. It also contains seven excellent plates taken from Weil, indicating points for mensuration and mapping out the organs of the chest and abdominal cavity; the different diseases of which are treated separately as regards their diagnosis by physical signs. For the short space of only 120 pages, the subject is very well gone over, and the busy practitioner will find this book a very convenient help.

Dr. W. J. McClure, Health Officer of York, Pa., died Jan. 24, aged 52. He was wel lknown throughout the State, having been a member of the Legislature from Adams County, in 1878.

Medical Progress.

THE ANILINES IN THE TREATMENT OF TUBERCULOSIS.

Before the Medical Society of the County of New York, at the meeting of Monday evening last, Dr. C. E. Bruce described the use he had made of preperations of aniline. He had instituted a series of experiments with the various kinds, and had demonstrated their efficacy in causing the destruction of pyogenic membranes and their action upon ulcerated surfaces. This had led him to consider the possible utility of the anilines in the treatment of tuberculous cases. As the preperations could not be well given by the stomach and were unsuitable for hypodermic use by reason of their staining qualities, he had made use of aniline dissolved in sterilized olive oil. Selecting a number of patients suffering from pulmonary tuberculosis, whose cases he considered suitable for the trial, he had nndertaken a series of hypodermic injections with the mixture, gradually increasing the dose to what appeared to be the point of physiological tolerance which seeems to have been, in one case narrated in detail, twenty drops of a twenty-per-cent solution. The injections do not appear to have been followed by any immediate and marked reaction, but rather, according to Dr. Bruce's observations, to have resulted in a general amelioration of many of the more urgent symptoms, such as tne stridulous cough. No reduction in the number of bacilli was demonstrated, though the character of the sputum was decidedly changed, for it became loose and frothy instead of mucoid and ropy. There was marked relief to the dyspnœa, also some increase in weight during the administration of the remedy. Dr. Bruce feels encouraged to further investigation in this direction, and believes that, if the use of the anilines in this way has no more pronounced future in the treatment of tuberculosis, it will be found of inestimable value in palliating the

distressing characteristics of the later stages of this disease.—*N. Y. Med. Jour.*

A CASE OF CHYLOTHORAX.

An interesting case of chylothorax is reported (*St. Petersburger medicinische Wochenschrist*, No. 51, 1890), by Dr. Neuenkirchen, from the wards of Dr. P. Hampeln, in the Allgemeine Krankenhaus, at Riga. Very few cases of the kind are on record, but all those hitherto observed have tended to prove that the disease is generally brought about by direct injury, and that the condition is rapidly fatal in its results. Chylous ascites is more common, and is generally produced by pressure upon some part of the thoracic duct causing rupture of it or some afferent lymphatic vessel which has become dilated, In the case recorded, that a single lady, aged 45, the patient's previous history threw no light upon the causation of the disease, and the only symptom produced was that of dyspnœa, at first only on exertion, but afterwards continuous when in absolute rest. This appeared in 1884, and fluid, described as "milky," was at that time removed from the left pleura to the amount of about a litre, giving complete relief to the dyspnœa. The patient remained free from dyspnœa, or any other trouble, till December, 1888, when the breathing again became embarrassed, but no other symptoms showed themselves until six months later, when gradual loss of strength was complained of, and slight œdema of the feet was noticed. It was then found that the left side of the chest was nearly normal as regards its physical signs, but that fluid had collected in the right pleura. With this exception the most searching clinical examination failed to show any other abnormality. The right pleura was tapped with an ordinary trochar and siphon tube, and the lung expanded as the fluid was withdrawn: some degree of pain and collapse being caused, which soon subsided under stimulants. The fluid, as before, had a milky appearance and, on standing, became covered with a layer of creamy consistence. Microscopically it consisted of molecular granules, scattered round cells, and a few blood corpuseles, but no actual fat cells. By chemical examination it was found to be alkaline, specific gravity 1017, and to contain water, traces of casein, albumen, fat, sugar of milk, and salts. The exact quantitative proportions of each are given in detail. The patient was tapped several times, until it was found that reaccumulation seemed to be aided by the frequent tapping, and it was thought that the reduction of pressure within the pleura might be having the effect of drawing out the chylous fluid from its natural channels. It was therefore left to itself. The patient in the mean time is enjoying good health, the only new feature in the case being cessation of menses, which has been present since the first tapping in 1889. The various possibilities as to the pathological changes in the thoracic lymph channels in this case are very fully discussed by Dr. Neuenkirchen, advantage being taken of the opinions expressed by other writers, but no conclusion is arrived at, owing to the complete absence of any clinical indications. He classes the case as one of hydrops chylosus.—*Brit. Med. Jour.*

A SURGICAL USE FOR ANTS.

Ants have very powerful jaws, considering the size of their bodies, and therefore their method of fighting is by biting. They will bite one another, and hold on with a wonderful grip of the jaws, even after their legs have been bitten off by other ants. Sometimes six or eight ants will be clinging with a death-grip to one another, making a peculiar spectacle, some with a leg gone, and some with half the body gone. One singular fact is, as we learn from the *Medical Record*, that the grip of an ant's jaw is retained even after the body has been bitten off and nothing but the head remains. This knowledge is possessed by a certain tribe of Indians in Brazil, who put the ants to

a very peculiar use. When an Indian gets a gash cut in his hand, instead of having his hand sewed together, as physicians do in this country, he procures five or six large black ants, and, holding their heads near the gash, they bring their jaws together in biting the flesh, and thus pull the two sides of the gash together. Then the Indian pinches off the bodies of the ants, and leaves their heads clinging to the gash, which is held together until the gash is perfectly healed.—*Science.*

TREATMENT OF FOREIGN BODIES IN THE LARYNX AND ŒSOPHAGUS.

In a lecture on foreign bodies in the largnx and in the trachea in children (*Rev. Mens. des Mal. de l'Enfance*, January, 1891, *Brit. Med. Jour.*, Jan. 17, 1891) M. Jules Simon expresses the opinion that if the diagnosis is certain, and if the surgeon cannot remain in attendance, the proper treatment is to perform tracheotomy. Further, he holds that the operation ought not to be deferred if the foreign body is of irregular shape (fish bones, nails) or liable to swell (peas, beans, etc.). The trachea should be freely opened, and at a rather lower level than usual; before introducing the tube the child should be placed in various positions while the wound is held open, in the hope that the foreign body may be immediately expelled. Even when this occurs he recommends that the tube should be worn for several days at least, as it checks hæmorrhage and tends to prevent subcutaneous emphysema. The diagnostic symptoms of foreign body in the larynx he considers to be; sudden onset, dyspnœa without alteration of the voice, and the absence of angina. He gives the above advice as to tracheotomy after reporting and discussing a case in which a boy aged six spontaneously expelled, during the act of vomiting, a portion of the antenna of a lobster which had entered the larynx during an attack of coughing three or four weeks earlier. Such a termination is, however, he holds so rare that it ought not to affect the judgment. In the same number of this periodical is a short note by Dr. B. Polikier, of Warsaw, on a simple manœuvre by which he succeeded in two cases in obtaining the immediate expulsion of a coin—in each case about the size of a halfpenny—which had become impacted in the œsophagus, and had given rise to dyspnœa. In both cases it was easy to feel the coin externally by pressing the finger gently into the groove between the sterno-mastoid muscle and the trachea. Gentle rubbing and kneading over the coin, the fingers making gentle pressure upwards and a little backwards, was followed in a few seconds by an act of vomiting, during which the coin was expelled. In the first case the uvula was tickled at the same time, but the second case showed that this was unnecessary.

UNUNITED FRACTURES.

The *Centralblatt für Chirurgie* gives a synopsis of the fractures treated in the Zurich clinic from 1881 to 1888. Of the 489 fractures presented during those years there were sixteen which healed very slowly, and six which gave place to false joints. In addition, eight cases of pseudarthrosis came to the clinic for treatment. Cases of pseudarthrosis of the olecranon, patella and neck of the femur are not included in the enumeration. In no case was a constitutional cause found for pseudarthrosis among these fourteen cases. The causes were dislocation of diagonal fractures and interposition of muscnlar tissue, etc. These cases were found to agree with Brun's statistics to the effect that pseudarthrosis is rarer in children than in middle life. Two of these cases were healed by iron nails driven into the connective tissue callus. Four treated by ivory pegs, with one unsuccessful result. Nine were resected, with one unsuccessful result.—*Jour. of Am. Med. Asso.*

VESICAL CALCULUS IN WOMEN.

Dr. Phocas (*Annales de Gynèc.*, November, 1890, has collected numerous cases

of spontaneous expulsion of vesical calculus in women, and notes that authorities admit that the female urethra may be dilated to a considerable extent without consequent incontinence of urine. Simon, of Heidelberg, was a great advocate of dilatation in cases of calculus. Heydenreich, reviewing the question as late as 1887, gave the preference to dilatation over other operations in all cases where the diameter of the calculus did not exceed 3 centimetres (1.17 inch.), Dr. Phocas dwells on the fact that calculi are often expelled spontaneously. A woman, aged 80, passed 500 small calculi in three years. At first incontinence of urine was complete; it diminished after a time. A women. aged 70, after suffering for several months from dysuria, spontaneously expelled by the urethra an oval calculus "the size of an almond," and nearly a quarter of an ounce in weight; no incontinence of urine ensued. A women, aged 54, expelled, according to Barbieri, a calculus "the size of a hen's egg." On the other hand, Bergioni relates that a little girl, aged 4, expelled several calculi spontaneously; and similar cases have been recorded. Again, the expulsion of calculi during labor has frequently occured. Thus calculi are most frequently expelled spontaneously in very young or in very old patients, or during labor, and incontinence of urine may result, especially if the calculus exceeds an inch in diameter. The muscular fibres around the neck of the bladder are weak in childhood and old age, and thus allow more readily of the passage of calculi. The calculus is either expelled rapidly after an attack of retention of urine, the fluid and the vesical contraction together aiding in the process, or is pressed slowly out by a gradual dilatation of the urethra lasting several days. In the first case the urethra may be seriously damaged in the second, the process resembles slow dilatation, such as surgeons effect by aid of laminaria tents. The stone may be forced through the vesico-vaginal septum. Dr. Phocas concludes from the above observations that the process of spontaneous expulsion must be regulated or imitated by the operator. Dilatation of the urethra effects this object, and the process can be controlled, which is not the case if matters be left to Nature—*Brit. Med. Jour. Jan.* 17, 1891.

THE ADMINISTRATION OF MORPHINE BY THE NOSTRILS.

Dr. C. H. von Klein, of Dayton, Ohio, offered at the recent meeting of the American Rhinological Association, at Louisville, Kentucky, a report concerning a hundred cases wherein morphine had been administered through the mucous membrane of the nose. He found this method a satisfactory substitute for the ordinary ways of administering the drug, when the latter were objectionable. The effects of the drug are marked, prompt and uniform. The sense of taste is undisturbed. This method requires much smaller doses than when morphine is taken by the mouth, and not larger ones than when it is given hypodermically. The drug is simply snuffed into the nasal chambers after the manner of snuff-takers. The dose is divided into two equal portions—one for each nostril. The process of absorption must begin almost instantly, so promptly do the effects of the medicine manifest themselves. Sneezing is sometimes produced, but not as a rule. When this takes place, Dr. von Klein regards it as an indication that the morphine is of poor quality. To this view, however, a very decided objection is raised by a writer in the *Pharmaceutical Record* for Jan. 5, to the effect that morphine is almost always of good quality. He desires to emphasize the fact that there is probably no pharmaceutical product so uniform in its constitution as morphine, and that he knows of no poor quality of that drug being offered by any American manufacturer, or, in fact, by any foreign maker.—*N. Y. Med. Jour.*

Medical Items.

The condition of the three lepers recently inoculated at Madrid with Dr. Kock's liquid in the Hospital of St. Jean de Dieu is stated to be satisfactory.

Professor Flügge, of Breslau, has been recommended by the Faculty of Medicine, for the appointment to the chair of Hygiene vacated by Professor Koch.

At the recent annual meeting of the Section of the Obstetrics and Gynæcology of the New York Academy of Medicine, Dr. Egbert H. Grandin was re-elected chairman, and Dr. Irwin H. Hance secretary.

According to some Western medical journals there is great need for another medical society in or near Chicago, the present one being notoriously inadequate to the wants of the profession.

The deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. G. Leopardi, Extraordinary Professor of Pathology in Florence.—Dr. Garrigat, a member of the French Senate.

Joseph Parrish, M. D. formerly Superintendent of the Pennsylvania Training School for Feeble-minded Children, President of the American Association for the Cure of Inebriates, died at Burlington, N. J., January 15th, aged 72.

Dr. John Davis, of Cincinnati, died December 25, aged 66 years. He was a graduate of the Medical College of Ohio in 1843. He was prominent in public affairs in his city, having been until quite recently president of the law and order league.

It is stated that one of the patients who suffered from phthisis and was treated at Bellevue Hospital, by the Koch injection, has been discharged, cured, and is now exhibiting himself in a Bowery Museum as "The first American cured by Koch's Lymph."

The *Journal of Inebriety* says: "The physician of all others should be the last one to use spirits in moderation or excess. The use of alcohol as a beverage, is direct evidence of ignorance of the teachings of modern science, and failure to keep up with the growth of medical advance."

Dr. F. Bramann, Professor of Surgery in the University of Halle, who, in the absence of Professor v. Bergmann, performed tracheotomy on the late Emperor Frederick, was married recently, and received on the occasion a patent of hereditary nobility as a wedding present from the reigning Kaiser.

Professor Virchow, lately elected by acclamation an honorary member of the Regia Accademia Medica di Roma, has just acknowledged the compliment paid to him in a letter to the president, Dr. Guido Baccelli—"I am proud and happy to find myself so united by a new tie to Italy—proud to be affiliated in Rome to a body so learned and so distinguished, happy to feel myself among new friends."

Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, has accepted the position of Secretary of the Section on State Medicine of the American Medical Association. As the meeting takes place in Washington, May 5, it is important that all papers intended for this Section should be in his hands by the 5th of April. All members of the Association desiring to be enrolled in the Section are requested to forward him their names at 1532 Pine St., Philadelphia.

The secretary of the Illinois State Board of Health, in his recent quarterly report, states that there has never been such a rush of medical men to Chicago as during the past three months. More

than two-thirds of the certificates issued were to physicians who wished to practice in Chicago. And never before in the same length of time have so many professional frauds attempted to obtain a foothold in Chicago. It is evident that the increase of population, and especially the coming World's Fair, are the attractions. Eleven applicants were refused licenses because they had diplomas from schools not in good standing, because their professional records had been tarnished elsewhere, or because they could not comply with the requirements of the Board. The anxiety to settle in Chicago is also manifest in the incorporation of so-called medical companies, medical associations, and dispensaries, thus taking advantage of the lax laws and attempting to evade the Medical Practice Act. New York, not having the World's Fair, will take pleasure in sending on her medical men that will not be missed here.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 27, 1891, TO FEBRUARY 2, '91

Capt. Wm. O. Owen, Jr., assistant-surgeon, is relieved from temporary duty with troops in the field, to take effect as soon as his services can be spared, and will then return to Muskogee, I. T., and resume his leave of absence

Capt. Walter Reed assistant-surgeon, is relieved from temporary duty at Fort Keogh, Montana, to take effect as soon as his services can be spared by the commanding officer of that post, and will then return to Baltimore, Maryland, and resume his duties in that city as attending-surgeon and examiner of recruits.

Capt. Chas. M Gandy, assistant-surgeon, is relieved from temporary duty in the field, to take effect when his services can be spared by the commanding officer of the troops with which he is serving, and will then return to Ocean View, Cape May County, N. J., and resume his leave of absence.

Capt. Robert J. Gibson, assistant-surgeon is relieved from further temporary duty in the field, to take effect as soon as his services can be spared by the officer commanding the troops, with which he is serving, and will then return to New Haven, Conn., and resume his leave of absence.

Capt. Wm. Stephenson, assistant-surgeon will proceed without delay from Columbus Barracks, Ohio, to Fort Wayne, Mich., and report in person to the cammanding officer of that post for temporary duty, and upon completion thereof will return to his proper station.

Leave of absence for six months, with permission to go beyond sea, is granted Major Julius H. Patozki, surgeon.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JANUARY 31, 1891.

Assistant-surgeon R. P. Crandall ordered to examination preliminary to promotion.

P. A. Surgeon T. A. Berryhill detached from "McArthur" and wait orders to "Marion."

Surgeon W. H. Jones detached from "Swatara" proceed home and granted six weeks leave.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE FOUR WEEKS ENDING JAN. 24, 1891.

P. H. Bailhache, surgeon, granted leave of absence for seven days, Jan. 12, 1891.

George Purviance, surgeon, to proceed to Pittsburgh and Erie, Pa., Cleveland and Toledo, Ohio, Detroit, Mich.. and Buffalo, N. Y., as Inspector, Dec. 29, 1890.

P. M. Carrington, P. A. Surgeon granted leave of absence for seven days, January 16, 1891.

H. P. Geddings, Assistant-surgeon, to report in person to the Supervising Surgeon General, Jan. 19. 1891. Detailed for special duty, part of Georgetown, D. C., Jan. 19, 1891.

W. G. Stimpson, Assistant surgeon. to proceed to New Orleans, La., for temporary duty, Jan. 6, 1891.

ERRATA.

Dr. Neale's paper, issue of January 31st, 1891:

Page 289, left column, 15th line from top—(3.75 cm.)

Page 290, left column, 15th line from bottom—3¾ inches.

Page 294, left column, 6th line from bottom—(6.25 cm.)

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CONTENTS

ORIGINAL ARTICLES.

Puerperal Eclampsia with a Report of Six Cases. By R. B. Norment, M. D., of Baltimore. . 331

SOCIETY REPORTS.

Gynecological and Obstetrical Society of Baltimore. January Meeting. Apparent Growth of Placenta after Labor, The Indications for Cæsarean Section. 342

EDITORIAL.

The Present Position of Antiseptic Surgery. . 348

Recent Medico-Legal Cases. . . . 349

MEDICAL PROGRESS.

Albuminuria in Children. — The Respiratory Centre. 351

MEDICAL ITEMS. 352

Original Articles.

PUERPERAL ECLAMPSIA WITH A REPORT OF SIX CASES.*

BY R. B. NORMENT, M. D.,
OF BALTIMORE.

The management of puerperal eclampsia is, and for many years has been a fruitful theme for medical writers, and so numerous are the reported cases, so various the plans of treatment, so conflicting the statements as to the fatality of the affection and the value of any given plan of treatment, so divergent the opinions of authorities justly entitled to be styled eminent, that it seems almost superfluous to add to the number of reports, or to advance argument or opinion in favor of any plan of treatment, as it would be almost impossible for any one to advance either argument or opinion which had not already been expressed by someone else. There is nevertheless good reason why this subject should be kept, as it is, constantly before the attention of the profession, for while other affections, which are somewhat infrequent in their occurrence, give us time to consult our books, or secure the counsel of more experienced men, this one demands a thorough acquaintance with the views of the profession, and a ready knowledge of the means ordinarily of most service, at the command of any one who takes upon himself the responsibilities of obstetric practice.

Statistics place the frequency of eclampsia at about one case in every 500 (Lusk-Withington) one, 350, (Miltenberger) cases of labor. For myself I believe it to be of more frequent occurrence than this, though I have examined no large number of statistics. The statistics of New York city, quoted by Lusk in the very paragraph in which he places the

*Read before the Clinical Society of Maryland, December 5, 1891.

frequency of the disorder at one in 500, show that there were reported to the Board of Health of that great city, during the nine years, 1867-1875 inclusive, 408 *deaths* from puerperal eclampsia, while the maximum number of births estimated for the same period was 284,000; making one *death* from eclampsia to every 696 deliveries. Estimating the frequency of the disorder at one in 500, we would have for eclampsia in New York City for the nine years, 1867-75, an average mortality of 72 per cent., a conclusion utterly unwarrantable. If, however, we take the same statistics as above, and allow that the mortality of the disease is 30 per cent., this is the figure at which Hirst placed it, and reason from the 408 cases of death reported, we would have a total of 1360 cases of eclampsia in 284,000 deliveries, or one case in every 216, which I believe is nearer the truth, so far at least as cities are concerned. But even at this rate, the average general practitioner would see but few cases during a lifetime; and were it not kept constantly before us, there would no doubt, be greater ignorance as to its nature and treatment; discouragement, if not despair, would strike deep into the heart of him who is unfortunate enough to see the manifestations of the trouble for the first time in his experience, and carelessness as to prophylaxis, still unfortunately too common, would be more frequent than it is, for our ordinary text-books do poor justice to the subject.

It has been my fortune, whether good or evil I scarcely know, to see rather an unusual number of cases of puerperal convulsions; for one who has enjoyed the very limited obstetric experience that has fallen to my lot. I may, therefore, I trust, be pardoned for taking the time of the Society in giving my experience, good and evil, and expressing my humble views, as to the management of the trouble. I will not consume your time, nor weary your attention, by entering into any discussion whatever of the etiological and pathological aspects of the subject, nor even with a report of the minutia of all the cases which have falle under my observation, but shall simp give you a brief resumé of each case- the living and the dead, not letting Dr. Holmes has said "The successf cases find their way to the journals, b the dead rest in peace."

In all, I have seen eleven cases of co vulsions during pregnancy or childbe One of them was undoubtedly hyster and four others occured in the practi of another gentleman, so that I shall r port only the six cases which took pla in patients entrusted to my own care.

Case 1. Convulsions occuring after l bor in a multipara; recovery. Mrs. S. ag 23, 3rd labor. When I first saw patie she was just entering upon the secon stage of labor. Her pains were regul and strong, the presentation normal, a everything seemed to progress in a pe fectly natural manner until the chi was born, and the placenta expelled, wit out the slightest assistance on my par But at this time the patient complaine of pain in the epigastrium; which pain attributed to indigestion, she havi eaten heartily of strawberries and crea only six or seven hours before the bir of the child, indeed after the onset of l bor. Fearing the relaxing effect of a emetic, I gave her one-fourth of a gra of morphia hypo-dermically, and an ho afterwards, left her resting quietly, wi no abnormal symptom other than a pul rather slow—sixty-four beats to the mi ute, full and regular. About two and half hours afterwards, four hours aft birth of child, I was hastily summone to see her but could get no accurate a count of the cause of my summons fro the messenger. "Her mother think her dying," was all she could tell m the mother was acting as nurse; Ha ing arrived at the house, I was told th the patient must have had a "fit." immediately sent for chloroform and we at once to the patient's room, withou waiting for any further explanation I found her in a state of violent excite ment, pulse 130, temperature evidentl elevated. She had vomited prior to th

"fit" and again afterwards; and now (for the first time), complained of violent pain in her head, I ordered chloral-hydrate and potassium bromide, fifteen grains of each, to be given every hour until she became quiet, but before it could be procured she had another convulsion, having, for some minutes before, complained of feeling "so awful funny," chloroform was promptly administered, the bladder examined and being found distended, was immediately emptied with catheter, and soon as patient could swallow I gave her a full dose of the chloral and bromide mixture; which was repeated at intervals of an hour or two until several doses had been taken, a sufficient quantity being given to cause patient to sleep most of the time for the next 12 hours, Four hours after the last convulsion, the patient had a temperature of 102 3-5. though she steadily improved, and was able to leave her bed by the fourteenth day; no change having been made in her treatment save to give small doses of quinine after the indications for nervous sedatives had passed away.

I confess that the facts above narrated left me somewhat in doubt as to a clear diagnosis in this case. The excitement prior to the second convulsion and the quick return to consciousness have often inclined me very much to a diagnosis of hysterical convulsions. I think, however, the fact of her having a high temperature soon after the convulsive seizure, that her pulse doubled in frequency as the result thereof, that in her two former labors she had developed no nervous symptoms whatever, and that the patient has never since that time developed any symptoms of hysteria, point conclusively to the diagnosis of genuine puerperal eclampsia; and I have therefore reported the case as such.

Case 2. Convulsions before the onset of labor in a multipara; recovery of mother, child still born six days later.

Mrs. C. aged 22, had had one child, one miscarriage and was in the last half of the ninth month of her third pregnancy, when she sought my advice for the relief of violent headache. I found the patient, a medium sized woman, rather stout, suffering from general anasarca. She complained almost entirely of headache, though in addition to this symptom there were also present dimness of vision, nervousness, weakness and a strange indescribable feeling which she summed up as "so very funny." She was pale, waxy-looking, and she had a silly expression of countenance, but whether this was natural or caused by her condition I am unable to say. Her pulse was full, I might say bounding and regular, rather inclined to frequency, but not otherwise abnormal, so far as my judgment went. Her kidneys were acting copiously, according to her statement and the fœtal movements were well marked, too well in fact, rather convulsive than normal.

Without waiting to make any examination of her urine I ordered large doses of comfound Jalap powder, alternating with good doses of bromide of potassium. Twenty-four hours later she seemed in about the same condition. Twelve hours later, a little less than thirty-six hours after my first visit, I found the patient semi-conscious, talking incoherently, lost to all sense of propriety and modesty; pulse full, bounding and *slow*—60 beats per minute.

Feeling that eclampsia was well nigh inevitable, I asked for consultation, in the meantime sitting beside my patient, chloroform bottle and towel in hand, ready to administer it upon the first appearance of a convulsion, which I thought very liable to occur at any moment.

One half hour later, my friend Dr. C. H. Mitchell saw her with me. In less than five minutes after his arrival, before he had had time to make any examination, the patient had a convulsion, and as violent a one as it has ever been my lot to see. Chloroform was administered and as soon as the patient became relaxed, a vein was opened, and blood allowed to flow until the suffusion of the face had disappeared, and the pulse become soft and compressible. I did not measure the blood, but I would say that at least 24

fluid ounces was taken. We then administered 30 grains each of choral and bromide of potassium per rectum, used the catheter, and no sign of the onset of labor being present, concluded to wait developments. I remained with the patient all night, keeping her constantly under the influence of chloral; indeed I kept up this treatment for 24 hours after the convulsions. By this time the bowels had been very freely moved, the kidneys were acting well, though the urine was loaded with albumen and contained tube-casts. The temperature was high, 103. I placed patient on milk diet, continuing the use of chloral, though in much diminished strength, ten grains every four hours by the mouth. There was no return of the convulsions, no sign of labor, and she progressed as well as could be expected, until the sixth day, when she had a violent chill, and three hours afterward, was delivered by her own natural efforts of a large child, which had evidently been dead for some days. There had been no observable fœtal motion after the convulsions. The albuminuria continued for several weeks, and it was fully four months before the patient could be called well and strong.

Case 3. Convulsions occurring during labor in a primipara. Immediate delivery with forceps, child alive, recovery of mother.

Miss A. W. aged 17, primipara began having labor pain some time during the afternoon, and sent for me about nine o'clock in the evening. There was nothing abnormal that I could discover, either as to the patient's general condition or her labor. The os was dilated to about the size of a dime, the margin thin and soft. The patient lived but a short distance, less than two squares from my office, and I felt perfectly safe in leaving her to nature until morning, or such time as I might be summoned during the night. I was not called to see her during the night, and when I saw her at 10 o'clock the next morning, her condition seemed to be much the same as when first seen. I could discover but slight change in the condition of the os. The membranes were still intact, head presenting in L. O. A. position. I was exceedingly busy at the time, and as I felt sure that labor would be somewhat protracted, and no reason being apparent to my mind for remaining at the bedside of the patient, I proceeded to attend to my other business, promising to call again in two hours. Stopping at my office a few minutes before 12 o'clock, I was told that the patient had sent for me about 11, and three times since. I hastened to her and found her just recovering from a convulsion, the third which she had had. She remained semicomatose for a little while, and had another which seemed to me to be simultaneous with the uterine contraction. I immediately administered chloroform, and with the assistance of Dr. Mitchell, who had been sent for prior to my arrival, I first catheterised the patient and then delivered with forceps. The patient rapidly returned to consciousness, or rather to three-quarter conscious condition, if I may be allowed to use such a term in this presence. One hour after delivery her temperature was 102 4-5, pulse, 108. I administered one-third of a grain of morphia hypodermically, and in another hour the patient resting quietly, I felt that I might safely leave her, having first ordered my ordinary prescription of chloral and bromide, to be used should there be any return of convulsion. The next day I placed the patient upon a milk diet and simple tonic treatment. She had no further trouble, save weakness and the general soreness of the muscles, which so commonly follows convulsive disorders. She was able to leave her bed in two weeks, in fact insisted upon being allowed to sit up at a much earlier period, on the eighth day.

Case 4. Convulsions occuring during pregnancy in a primipara, loss of both mother and child. Mrs. F. aged 19, was about eight months pregnant when I was called to see her shortly after midnight. The messenger, who came for me,

could give me no information as to the trouble, and I went little expecting to find the condition of affairs that I did. The patient had been in perfect health, so far as any one knew, up to the evening before, when she complained of headache, ate no supper, drank a cup of tea, and retired early. The first intimation of illness which her husband noticed was that she was twitching in bed, and upon trying to waken her he found that she was unconscious. He called the lady of the house and asked that a physician be sent for at once; before my arrival she had had a "spasm." This was the entire history of the case, as given me upon my arrival. I found the patient lying in bed, the picture of health, breathing quietly, pulse 100 and regular; increased arterial tension was well marked but the pulse was not of that rapid bounding sort, so often seen under similar circumstances. There was neither puffiness of the eyelids nor œdema of the extremities. The patient seemed totally unconscious, save that when I attempted to examine the condition of the pupils, the eyelids were tightly—and I thought *voluntarily* closed. I inquired carefully as to any history of hysteria, but received negative answers to all questions which led in that direction. Her attendants all comparative strangers, were ignorant as to her history prior to marriage, but her husband told me that he had been intimately acquainted with her since early childhood, and that she had not, to his knowledge, at any time been subject to any nervous trouble beyond an occasional headache. I felt very much at a loss to know what to say; the danger of eclampsia, on the one hand, and the trials incident to severe hysteria on the other, loomed up before me. It was beyond my power, until further developements to make any positive diagnosis, or give a reasonable prognosis. I was ready to believe the case one of hysteria, indeed somewhat inclined to that opinion, but I feared the worst. I had already sent for chloroform and was prepared to use it upon a moments warning. Soon, indeed in almost as little time as I have consumed in relating her condition, she began to groan and twitch, as a woman with labor pain, or the irritation of a distended bladder, will do. The hands were placed over the lower portion of the abdomen, as though that were the source of her distress, and in another moment she was in convulsions. This convulsion was comparatively speaking a mild one, whether on account of the chloroform, or from inherent mildness I could not say. While the patient was under the influence of chloroform I availed myself of the opportunity to examine as to the condition of the uterus and bladder. I found the cervix uteri resistant, elongated and thick. The os internum dilated sufficiently to admit the tips of the index and middle finger, membranes intact, vertex presenting. The uterus seemed rather small for a patient eight months pregnant. The bladder was empty, or nearly so, only a few drachms of urine escaping through the catheter. I now felt clear in my diagnosis, which was eclampsia with threatening labor. I administered a good dose of chloral and bromide of potassium by the mouth and sent for my friend Dr. Mitchell, and when he arrived about 5 A. M., the patient had but a few minutes before recovered from a convulsion, the fourth that she had had. This one was more severe than the rest, but the the patient still looked well, that is for one overshadowed by such terrible danger. We tested her urine and found it albuminous, thus strengthening the diagnosis of eclampsia. The patients condition was good; we determined to follow an expectant plan of treatment. An hour later she had another convulsion and at about the same interval a sixth, which left her in the typical coma of eclampsia, face suffused, pulse full, hard, bounding and rapid—130 per minute. Remembering the happy result of copious venesection in case three, we determined to try it again in this case. A vein was opened and blood allowed to flow till the pulse became soft and compressible, and the suffusion

of the face had disappeared. Despite this copious bleeding and the administration of chloral and bromide per rectum, within an hour and a half she had another and very violent convulsion. The cervix still remained in about same condition as when first examined. Deeming the case one of more than usual responsibility, we asked for further consultation, and Dr. George H. Cairnes was called to our assistance. After a careful review of her condition and our experience it was determined to continue the use of chloral and bromide, with chloroform during the convulsions and counter-irritation over loins, and avoid, for the present at least, any interference with the labor. But while we were yet discussing the advisability of forced delivery, the patient had another most violent convulsion; indeed we all thought that she had succumbed to its violence. Dr. Mitchell, however, induced artificial respiration and the patient revived. It was now determined to deliver at once, as it seemed evident that unless something afforded immediate relief the patient was doomed. It looked like a forlorn hope, but we proceeded with the operation. The cervix having been forcibly dilated—bimanual digital dilatation, I made an attempt to apply forceps (Simpson's) and failing in this, turned and delivered a dead child. There was some postpartum hæmorrhage, but it was easily controlled by massage. The patient was placed in bed with a large sinapism applied to the loins, and warmth to the extremities. At the close of the operation, which lasted more than an hour, the patient seemed about as well as at the commencement. As the effects of chloroform died away she became restless, but still remained totally unconscious. One third of a grain of morphia was administered hypodermically. Desiring to bring about a more healthy action of the kidneys, we ordered two drachms of decoction of broom and fifteen grains of nitrate of potash to be given every three hours, and for nourishment two drachms of milk every hour, sedatives to be given only as occasion might require, I remaining with the patient all the while. There was no difficulty in administering the medicine and nourishment by the mouth, save that they had to be given quite slowly. At 8 o'clock in the evening the patient seemed a little better, though still unconscious, pulse 108, temperature 102. Bladder contained nearly half a pint of urine. Treatment continued with addition of slight stimulation, a drachm of whiskey every two hours. At midnight the pulse had increased in frequency to 130, her extremities began to grow cold, in short the patient seemed to be losing ground. I increased the whiskey to one-half ounce every hour and applied heat (hot sand bags) to the extremities. From this time forward the patient slowly, but steadily sank. By midday the pulse was 150, the extremities cold and clammy, the breathing stertorous, coma so deep that the faucial reflex was lost, and no further medication by the mouth could be made use of. Rectal alimentation and the hypodermic use of stimulants were tried but without effect. Patient died in coma 40 hours after delivery, and 48 after the first appearance of convulsions. No autopsy was allowed. I have endeavored to report this sad case honestly, and hope I may be excused for consuming so much time in its relation. I have but one comment to make concerning it, viz: I hope the patient was not sacrificed by a plan of treatment, too conservative at the start, but I fear, almost believe, she was.

Case 5. Convulsions after labor in a primipara. Peculiar mental condition, recovery.

Mrs. D. aged 21, primipara, had a perfectly normal labor, save that I was compelled to use the catheter about fifteen minutes before the birth of her child, the bladder at that time containing about 20 fluidounces of urine. There had been no sign of retention during the earlier stages of labor. After labor the patient complained of headache, not very severe, but had no other *bad* symptom that I could discern. Her pulse was rather slow, 70 beats per minute, but otherwise

perfectly natural. Her labor terminated about half an hour before her usual breakfast time, and when, as I was about to take my leave, an hour afterwards, I jocularly asked her, whether she wished to go to sleep or have her breakfast first, she promptly replied, "my breakfast of course, I'm hungry." I gave permission for a glass of milk, a cup of tea, and a cracker or two, a plate of gruel or anything of that sort to be given her, but advised her to eat nothing heavy, and left her with a curious feeling that all was not as well as I could wish it to be. *Something* was wrong, but just what that something was I could not satisfy myself. There was a slight peculiarity in her appearance that did not seem natural, and despite her easy labor—for I was detained less than four hours from the time I was first called to see her—I could not help feeling uneasy, at the same time feeling that I would be laughed at, were I to tell my uneasiness to another physician and not be able to give a better ground for it

Two hours subsequently, about 8 o'clock in the morning I was hurriedly called back to see her, and upon my arrival was told by her mother, who was acting as nurse, that the patient had had "a hard spasm," and that for a while she thought her dying. This was less than half an hour before, and the patient now seemed to be perfectly conscious, but in an exceedingly curious condition. She lay quietly in bed, promptly and intelligently answering every question addressed to her, but with slight impediment of speech, while her countenance was that of an imbecile, silly in the extreme. She made no complaint except of excruciating pain in her head. The pulse was upward of 140, though full and hard, temperature 102, the pupils were widely dilated. I gave her 20 grains of chloral and 30 of bromide of potassium, repeating the medicine in half this dose every hour; examined the abdomen but found nothing abnormal. There was only slight œdema of the legs, not half so much as I have often seen in cases that progressed in a perfectly normal manner. Three hours later, the patient seemed slightly delirious. When spoken to she would start to make some irrelevant answer, and then seeming to realize what she was doing, would ask to have the inquiry repeated. May this not have been due to the effects of chloral? There had been no further convulsion, but her temperature had risen to 104 2-5, while her pulse was only 132, eight beats less than at the last examination. She had remained quiet all this while, but had not slept. The bladder seemed full, and I again used the catheter. I gave her three drop doses of tincture aconit.rad.and half a drachm of spirits aeth. nit. every hour until the pulse was softened and slower, and the patient began to perspire. This occurred about twelve hours after the convulsion. I then increased the interval between the doses of aconite to two hours, continuing the use of chloral p. v. n. At eleven o'clock at night her pulse had fallen to 110, temperature 103, pain in the head decidedly less, bladder full of urine, used catheter and continued medicine as above. The next morning I was called at six o'clock to relieve a distended bladder. Almost a quart of urine was drawn with the catheter. Just before using the catheter her pulse was 130, but in half an hour it had fallen to 104, temperature 100. Treatment continued. The patient was now perfectly conscious, the peculiarity of countenance of which I have spoken, was not nearly so well marked, and she seemed to have no recollection whatever of the day before, and she has never by word or act given any indication of having the slightest knowledge of the occurrence of that day, after the onset of her illness. It is as though the day had been blotted from her existence, and a blank space left in its place.

In the evening the pulse was barely 100, temperature 99 1-5. The bladder was acting normally. From this time onward her improvement was rapid and steady, a slight rise of temperature, with the appearance of the milk, on the fourth day, being the only thing which occurred out

of the way. Upon simple tonic treatment, iron and quinine, she made a good recovery, leaving her bed on the fifteenth day.

There are a few points in connection with this case to which I desire to callv our attention, viz., the slow pulse, of which I shall have something to say later, the sudden onset of convulsions, the healthy action of the kidneys, and the very peculiar mental derangement.

Case 6. Convulsions occurring prior to the onset of labor, in a primipara. Labor brought on thereby, rapid delivery by version, child living, recovery of mother.

Mrs. E. age 17, primipara, was talking incoherently and struggling with her attendants, when I was called to see her. Her history (as given me), was very vague. Her mother, with whom she was stopping had gone out of the house for a little while during the previous afternoon, leaving the patient sitting in the kitchen, appearently as well as usual. When she returned she found the patient sitting in her bed-room, her face swollen as though she had received a heavy blow and expectorating bloody saliva.

When asked what was the matter, patient said she guessed a bee had stung her, The mother afterward found some blood on kitchen floor near the stove. Early in the morning she had a "fit" and her family physician, Dr. Mitchell was sent for, but not being at home he had not yet seen her. In the meantime it was now about 11 o'clock) she had had two more "fits," the last about twenty minutes before I saw her. She was expecting to be confined at any time. I administered chloroform, made an examination, and found the patient apparently in the very beginning of labor. The os was thin, soft and large enough to admit the tip of a finger. I passed the catheter and drew off about 1½ fluid-ounces of turbid urine, which I tested at the bedside, and found to contain albumen. There seemed to be only moderate œdema of the lower extremities, the eye-lids were very much swollen, but whether this was due to œdema of hydræmic or traumatic origin, it was hard to say. Her tongue was bruised and swollen, the lower lip and inside of one cheek showed an ugly cut fullv an inch and a quarter long, and her jaws were terribly swollen. I ordered chloral and bromide of potassium, and had given one dose, 30 grains each, by the mouth, when Dr. Mitchell arrived. While we were talking over the history of the case, the patient was attacked by another convulsion, and one of extreme violence. Dr. M. asked me if I thought from my examination that she could be delivered at once, and having received an affirmative answer, asked me to proceed with the operation as soon as her family had been made aware of the very serious condition of the patient. Patient being thoroughly anæsthetised (chloroform) I dilated the cervix, bimanual digital dilatation, turned and delivered a living child. The entire operation consumed less than a half hour. The condition of patient both before and after the operation was bad pulse 140 and very feeble. The patient was very restless and as soon as the influence of chloroform was dying away, violently delirious, struggling to get out of bed. Any touch about abdomen or genitals seeming to increase the restlessness. We admiuistered the third of a grain of morphia hypodermically, continued the use of chloral, whiskey—a drachm every hour, and small quantities of milk. At four o'clock her condition was not materially changed, save that there was rather less restlessness. The bladder contained less than half a fluid-ounce of urine. Treatment continued with addition of one fourth of a grain of sulphate of sparteine every 3 hours. At 6 o'clock the patient was quiet, almost comatose, only a few drops of urine escaped through the catheter. Pulse 136, temperature 103 1-5; prognosis very grave.

At 9 o'clock the next morning the patient seemed slightly better, pulse 132, temperature 102, semiconscious, not so restless as evening before. But there

was one very good symptom from which we took a great deal of encouragement, viz: the bladder contained about twelve fluid-ounces of urine. At 3 o'clock in the afternoon I was called to relieve a distended bladder, and drew fully twenty-four ounces. At 7 in the morning I was again called for the same purpose, and to my astonishment found the bladder enormously distended, containing over a quart of urine, which was almost as clear as spring water. At this time her pulse was 116, temperature 103: discontinued the use of sparteine, lessened the frequency of chloral and gave a pill containing two grains of quinine and three-quarters of a grain of digitalis every three hours, whiskey—half an ounce every three hours. Washed out vagina and uterus. The patient continued weak, but gradually improved, the only peculiarity in her condition being a pulse and temperature, continually high, without chill, sweat, or other symptoms indicative of sepsis. The patient was able to sit up in her room on the seventeenth day after delivery. The child died on the twentieth day apparently from meningitis.

Having thus given a report of these cases I would like to make a few remarks concerning the prodromata, prophylaxis and treatment of the disorder.

Prodromata.—I do not intend to mention all the prodromic symptons but simply a few that I have noticed upon which no stress seems to be laid by the authorities that I have read. There are three of these which I deem worthy of mention, viz: epigastric pain, slow pulse, and what the patient commonly call a *funny feeling* (funny being used instead of peculiar or strange). The first—epigastric pain,—I have seen but once. My friend Dr. G. H. Cairnes, who saw the patient with me, and who, I may say, is an accomplished accouchere of large experience, tells me that he has noticed on more than one occasion this symptom as a forerunner of eclampsia. I believe it significant to just this extent, an overloaded stomach or one containing irritating ingesta is sometimes the exciting cause of eclampsia, and epigastric pain is apt to be present when the stomach contains such food.

The second, slow pulse, I have three times seen this symptom followed by eclampsia, in one case before labor and in two afterward. I will not again take upon myself the risk of leaving a patient during labor, or immediately afterward, who has a pulse abnormally slow, and I would warn others against a similar mistake.

As to the third—It seems to be a peculiar and indescriable feeling, patients complain of feeling as though they were loosing their senses, wanting to jump out of the skin etc., and intelligent women will speak of the sensation as indescribable or as of, dread with cause, while an ignorant woman will sum it all up in the word *funny*.

Prophylaxis—There is no point in the discussion of the subject under consideration of more interest; both on acconut of its importance, and the very encouraging results reported by most observers, than is that of its prevention. For while there can be no doubt that cases of eclampsia, and severe ones too, in which there are no premonitory symptoms, do sometimes occur, and that the trouble will sometimes occur in spite of all efforts to prevent it, it seems to be a generally admitted fact that in such cases premonitory symptoms have generally been present and that in a large proportion of cases proper treatment would have prevented the appearance of convulsions. Too often does it occur that no medical advice is sought concerning the care of pregnant women, the ignorant laity—either deeming that every trouble of the female organism under these circumstances is, "due to her condition," or that "it will be all right as soon as confinement is over." It should be impressed upon the mind of every one, and it is the duty of the medical profession to educate its patrons, to the effect, that a careful inquiry, as to the condition of every pregnant woman, should be made, and any

existing disorder should be promptly met by appropriate treatment. Were this done, I believe that not only would there be fewer cases of eclampsia, but less of other troubles as well. As to the general prophylaxis, it goes without saying that the pregnant woman should be placed under the best hygienic conditions that her means will afford, but if in spite of good food, good bedding, proper clothing, open-air exercise and plenty of sleep during the earlier months, the symptoms of uræmia appear toward the close of pregnancy, proper medication is still of great benefit. For myself I can say that while I have often seen patients suffering during pregnancy from symptoms well calculated to occasion alarm upon the part of the physician, I have never, save in the one case reported above, been unfortunate enough to see a patient, whom I had treated for uræmia during pregnancy, have convulsions at term, nor have I ever had to produce abortion or bring about premature labor in any case. Time forbids that I should report even one of these cases; I would like to say, however, that I have been impressed with these cases as consisting of two classes viz: those with and those *without* dropsy. In both classes the proper use of purgatives and diuretics is indicated. As to cathartics, I think the first place should be given to the salines and the vegetable hydragogues; calomel is not without its dangers of salivation, especially in cases accompanied by dropsy. As to diuretics, the nitrate and bitartrate of potassium are both good; the best results that I have witnessed being with a conbination of one or other of these salts with infusion of digitalis or decoction of broom.

The former is of most service in those cases in which dropsy is absent, albumen present in the urine, while that secretion is of low specific gravity; though copious in amount; the pulse weak and rapid. When the urine is loaded with albumen, scant in amount, and the pulse slow and full, broom or its alkaloid is by far the best diuretic so far as my experience goes. It is not enough, however, simply to unload the system of its poison. Most of these patients are either anæmic or hydræmic and need tonics. Iron and quinine, or the simple bitters, do good service. When practicable all patients should be put upon a milk diet.

From personal experience I am strongly of the opinion that malarial poisoning is often the cause of albuminuria during pregnancy. Whenever this suspicion stands upon good ground, quinine should be given in doses large enough and often enough to bring about its physiological effects promptly; guarding, if need be, against any ectobolic effect that it may have (and I believe this has been vastly over-estimated) by the administration of the bromides and morphia. Upon the betterment of the condition of the patient, under the circumstances, tonic doses should be continued for at least one month after the symptoms of malaria are in abeyance, whether labor has occurred or not.

Treatment—Three classes of cases present themselves, as viewed from an obstetric point. (1.) Those occurring after the termination of laber. (2.) Those occurring during the progress of labor. (3·) Those occurring before the onset of labor.

I have named them in this order, because, other things being equal, this is tho order of their gravity; cases occurring after the termination of labor offering the best chance of recovery, while those occurring before the onset of labor, the very worst, and this in proportion to the length of time antecedent to term.

(1.) In cases occurring after labor, chloral and bromides and morphia in full doses, together with the use of chloroform during the attacks, and proper attention to the condition of the uterus, bowels and bladder will generally suffice. If there should be good reason to think that an overloaded stomach is the exciting cause of the attack, I believe that a non irritating emetic will be of more service than anything else·

(2.) As to those cases occurring during labor, chloroform during the attacks,

chloral and bromides freely administered during the intervals, counter-irritation over the loins and occiput, attention to the bladder and rectum, are always good. Blood-letting is of service, and very great, in patients *with distended vessels;* rupture of the membranes is highly recommended by some men of great note, and no doubt will often do good. But in my opinion all of these, save chloroform (and this very largely as a means to an end) and attention to the bladder, should be considered as only second-rate remedies, as compared with immediate delivery. In a large proportion of these cases, 37 per cent. according to some statistics, the convulsions cease entirely as soon as the uterus is empty, and in another large proportion, are lessened in their severity. I believe it is a matter of minor importance, save the difficulty of operating, whether delivery be accomplished by forceps or version, so that the operation is *skillfully performed under full anæsthesia.* While I do not doubt the truth of the assertion of several eminent observers, whose large experience entitles them to the confidence of the profession, that they have seen excellent results from simple rupture of the membranes, I would not advise a resort to that procedure until we are ready to complete delivery at once.

(3.) As to cases occurring before the onset of labor. What I have said concerning those occurring during labor, applies to these with greater force. The words of Lusk with regard to uræmic symptoms during pregnancy are, it seems to me golden.

"The weight of authority seems to me, is favorable to procrastination, the interruption of pregnancy being regarded as an extreme measure, justifiable only in cases of the utmost peril. But premature labor, with the indications thus limited, is not likely to save many lives. My own convictions are clear that, so soon as grave central symptoms develope, the period of folded hands has passed; the relief to be obtained from chloral and catharsis is, as a rule, of short duration, and we cannot go on giving chloral and cathartics to the end of gestation, nor are we sure that the first fortunate results can be reduplicated. . . .

The induction of premature labor by means of the bougie, aided if need be by the vaginal douche and the dilating bags of Barnes, is attended with but moderate risk if resorted to after the uræmic symptoms have been gotten fairly under control; if employed as a last resource, when other therapeutical measures have failed, its use is still justifiable, though it then partakes rather of the nature of a forlorn hope."

If these remarks are just and true, and I believe they are, with regard to cases of grave uræmia *without* convulsions, how much more forcibly do they apply to those cases in which convulsions have already occurred. While Charpentier admits the advisability (in the interest of the fœtus) of incision of the cervix, Lusk, seems disinclined to allow it a place among appropriate procedures.

It matters little, I think, by what reasonable means we succeed in emptying the uterine cavity; the main object, in my judgment, being to avoid shock; and from what little I have seen I believe that a severe convulsion will cause as great shock as a moderately severe surgical operation. The cervix, at any time after the sixth month, can usually be dilated by the fingers of the accouchere, either by the bimanual method (which I prefer) or that of introducing the whole hand into the vagina, and gradually inserting one finger after another into the cervix until the whole hand can be introduced. The operation though often requiring rather more *endurance* than one man can command, does not require any great *skill* for its performance. After the cervix is dilated, the delivery may be completed by forceps, version, or craniotomy, as circumstances seem to indicate. I confess that I have some hesitation in advancing such radical views in face of the more conservative views taken by most writers, but the excellent results reported by several gentlemen, among whom might

be mentioned the names of several members of this society, should, it seems to me, encourage others to emulate their good example, in hope of reduplicating their splendid results.

As to after treatment, my views have already been expressed in what I have said concerning prophylaxis and cases occurring after labor.

Society Reports.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

JANUARY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. W. P. Chunn related an instance of

APPARENT GROWTH OF PLACENTA AFTER LABOR.

The patient was 28 years old and had been married five years. She had had no children at full term, but had had three miscarriages. The first and second miscarriage occurred at about the fourth month of gestation. The last miscarriage occurred about May 10th, 1890. She had missed one period and believed herself to be about six weeks pregnant. On the 10th of May she began to have bearing-down pains and hæmorrhage, with the expulsion of blood-clots, lasting some three or four days. Then the pain subsided, the hæmorrhage ceased, and I regarded the uterus as empty. On the 12th of June, however, she was again seized with violent pains and during the night was delivered of a placental mass larger than a man's fist, which I saw the next morning. The patient as well as myself was surprised. The fœtus was searched for, but no sign of it found.

Dr. Thos. A. Ashby: I have seen a somewhat similar case. The patient began to have hæmorrhages about the sixth week of gestation. She was not under my care at that time, but I was called in four weeks subsequently, and she was then in the act of throwing off the fœtus. At the time of its removal the fœtus was apparently at the sixth or seventh week of gestation, and partly decomposed. The placenta was not affected by decomposition. Before I saw her she had been going around bleeding from this cause and was not aware that she was about to abort. She had had five miscarriages between the sixth and eighth week in twenty-eight months, so she stated.

Dr. G. W. Miltenberger: I have known the whole ovum to be retained for months after the death of the fœtus. In a recent case the contents of the uterus were not thrown off till full term, though the fœtus was dead at the third month.

I can not understand the growth of the placenta in utero after the death of the child, but I can conceive of the growth of the placenta outside the uterus on account of the peculiar relation of the blood-vessels.

Dr. L. E. Neale: I think it is very unfortunate that the specimen is not presented. The placenta is not developed at the sixth week of pregnancy.

The conditions in extra-uterine pregnancy are very different from those in intra-uterine pregnancy, and what is true of one regarding placental development is not true of the other. I see nothing in the history of the case opposed to the belief that it was a very ordinary case of abortion (not miscarriage), with escape of the embryo and more or less complete retention of the sac, chiefly chorion, that might have been removed by the curette long before it was expelled.

Dr. L. E. Neale read a paper on

THE INDICATIONS FOR CÆSAREAN SECTION.

(*See page* 287.)

This paper is intended to stimulate interest in and discussion of the subject "Cæsarean section *vs.* craniotomy on the living child, upon which subject a series of papers will be presented by the members of the Society. It refers particularly to the indications for the section, and is a plea for this operation. If it serves to arouse interest in examining pelves or increase hesitancy in destroying children, the labor is not in vain.

Craniotomy upon the living fœtus is believed justifiable, but only as a dire necessity, not as an elective procedure, and should not be resorted to where there is a reasonable probability of success by the section, and the uncoerced consent of the mother can be obtained.

No man is compelled to do craniotomy upon the living fœtus solely upon the choice of the patient or her friends.

In answer to the question "what would you do if the patient were your wife, your sister, or a near relative?" he believed practically this must be a matter for each man's conscience, over which no dogmatic rule of science can or should have sway.

If seen early enough the induction of premature labor at the 32nd-34th week by the method of Krause, was a very strong antagonist to craniotomy upon the living fœtus. The range for this operation should not extend to a conjugata vera below 2¾ inches, 7 cm, or to one above 3½ inches, 8.75.

The indications for the conservative section included all insurmountable obstructions to the delivery of the living and viable child, per vias naturales. They include tumors, pelvic exudations, hypertrophic elongation of the cervix, cicatrices, stenoses, tetanus uteri-falciform uterine contractions, etc. He believed general opinion placed the limit for the absolute indication at a conjugata vera of 1½ inches or 3.75 cm., and the relative indication extended from that point up to an undetermined conjugata vera measurement, and included many other conditions beside pelvic contractions. Other things being favorable, a 2½ inch or 6.25 cm., conjugata vera (Harris), 3 inch, 7.5 cm. conjugata vera (Lusk), called for section rather than craniotomy, but be warned against relying *entirely* upon pelvimetry in the relative indication.

In contracted pelves he preferred version to forceps when both were practicable. He insisted upon pelvimetry and briefly outlined the methods. He believed it was chiefly by this means we could determine the indications for the section.

As conjugata vera of three inches, 7.5 cm. was generally admitted to be the least through which a living child of normal proportions could pass, and as Lusk maintained if other diameters were lessened or the contraction was not limited to the brim, it might require a conjugata vera of 3½ inches, 8 cm. or more.

No hard and fast line could be given, each case must be judged alone. The relative size of the head, its existence—the past history—the uncoerced consent, the general condition and surroundings of the patient, &c., were all important factors in the relative indication.

The life of the child was not "purely impersonal and scientific," but eminently personal and practical, and he believed the mother should run a reasonable risk in its interest. The life saving of craniotomy could never be as great as that of C. S., for it started with a necessary mortality of 50 p. c., or half the lives at stake. But aside from all argument and comparative statistics the section was decidedly restricting craniotomy. All deprecate the repeated performance of craniotomy on the same woman. He accepted Carl Braun's rules for the relative indication.

Craniotomy was safer for the mother than section, but piece-meal extraction was equally if not more dangerous—ex. 92. conjugata vera 2½ inches 6.25 cm., or less.

If conservative delivery p. v. n. had been attempted and failed, this was a strong point in favor of craniotomy and against the section under these increased dangers.

He strongly deprecated conservative tampering, and then resorting to the section, many lives had been thus sacrificed.

If we desired success we must make the section an elective operation and not a procedure of dire necessity.

Dr. Miltenberger: With regard to the paper of Dr. Neale's, confined as it is, to the indications for the Cæsarean Section, there is nothing which I would controvert.

Under the absolute or positive indications, as laid down, there can be no question.

The confusion and discrepancy of opinion have arisen from want of definiteness and clearness as to the relative indications.

If we take the statistics of craniotomy generally, including all cases, we get no positive resulting data to guide us.

Where the pelvis is so contracted as to necessitate the piece-meal extraction of the fœtus, it is recognized undoubtedly as the most serious of obstetric operations, and more dangerous than Cæsarean Section.

Where, on the other hand, craniotomy alone is required, the operation is simple and the danger to the mother in proper hands, should not be greater, than from the application of the forceps. In my individual experience in my own patients, I have been obliged to resort to craniotomy but twice in 50 years, and in these, as well as in those in consultation practice, the mothers have all recovered.

Now it is just in this latter class, that the doubt arises.

The smallest conjugata vera diameter through which a living child has been expelled is three inches, or as has been claimed $2\frac{3}{4}$ inches, but with this we cannot expect to save the child through the natural passages.

But whether with this or a little more available space, we must recognize the prime and absolute importance, as the Dr. states, of pelvimetry, and to its thorough practical study and application must we mainly look for increased certainty. Especially does this hold as to internal pelvimetry, the best instrument, by far, being the hand of the obstetrist.

Now, while it is true, the measure here of the conjugata vera by the finger may not be perfectly accurate, and we require also to learn the available space in the transverse diameter, yet with care it sufficiently approximates the truth for our purpose.

But on the other hand, as the Dr. has said, we cannot accurately determine the size of the child's head, its degree of ossification, &c. It is true by bi-manual examination we can approximate the truth, but not exactly obtain it. I have known an accomplished accoucheur persist for a length of time in the use of forceps, before he recognized that he was dealing with a hydrocephalic head. Thus both the factors have elements of uncertainty.

It is just in this class of cases, that the doubt and uncertainty arises.

When the practical obstetrist meets with a case of dystocia, from this cause, by internal measurement he satisfies himself as far as possible, he has three inches of available space in the conjugata vera, or even above this, without a full knowledge of the size of the fœtal head, he naturally applies the forceps or proceeds to turn and not improperly but if he fails, he has already violated the first fundamental law in cæsareotomy, to resort at first to the knife without any previous operative manipulation, if such manipulation has been at all prolonged, the choice is not between craniotomy and Cæarsean Section, but between craniotomy and a Porro.

Fortunately pelves contracted to this extent are rare in this country, particularly in the higher walks of life.

The operation of cæsareotomy is in itself sufficiently simple, and the modern section is undoubtedly one of the greatest advances in modern obstetricy, while its success constitutes a brilliant epoch in our recent history. In the hands of those skilled in its technique, and taught and trained by experience, there is every reason to trust and believe that the mod-

ern Saenger will extend still farther its successes, and that as an operator gains tact and knowledge with every case with which he deals, and as a part of his success must depend upon his absolute command of his patient and her surroundings, it is most likely the old picture will be reversed, and with our aseptic and antiseptic precautions, hospitals will offer a smaller rate of mortality than private practice.

Fully realizing, as I do, the success of the modern Saenger, and the lessened mortality rate which has been achieved, yet we know that no abdominal section is entirely free from danger, and, as I said, in these cases of relative indication they may be claimed to be almost if not entirely void of peril with craniotomy.

I do not hesitate to declare, that I should prefer in my own wife, as the safer for her, craniotomy to cæsarean section in such a case; and am therefore bound to extend to others, my patients, the golden rule, "to do unto others, as I would they should do unto me."

I am therefore forced to the opinion; that Cæsarean section will not completely supplant the old operation, and that there still remains a field, although markedly limited, for craniotomy on the living child.

Dr. J. Whitridge Williams; I am sure that all of us are greatly indebted to Dr. Neale, for the very clear manner in which he has set forth the indication for the operation, and I almost entirely agree with him.

The absolute indication I would place at 5.5½cm. or 2 inches, and the upper limit for the relative indication at 7½ cm. or 3 inches. Within these limits, unless the child be abnormally small, there should be no question as to the use of forceps; and the question to be decided is whether craniotomy or cæsarean section should be done.

Theoretically, I would choose the section in all cases that appeared favorable; but practically, I might waive my theory in the case of a primipara who had not been examined previous to labor. For in that case, it might appear very hard to submit a young woman to such a risk without any previous intimation of her danger.

But if I performed craniotomy under these circumstances, I would warn her that in becoming pregnant again she would take the responsibility of the child's life upon herself and that I would refuse to perforate in subsequent pregnancies.

The mortality of the operation need not dismay us for Munchmeyer has lately reported the latest statistics of Leopold in which he reports 28 Sænger operations with the loss of three mothers and one child and 7 Porro operations with no maternal deaths.

Dr. B. B. Browne; I had a case recently upon which I did Cæsarean section. The woman was 27 years of age. She had had one child. Her labor was two years ago, when she had convulsions and a craniotomy was done. As a result of injury received, at this time, the vagina and uterus sloughed, and there was, complete atresia of the vagina. This atresia was afterward opened up, and she became pregnant. The vagina was contracted by cicatricial bands, and an opening could be felt in the side of the cervix, but to the left of the opening was a cup shaped cavity which might have been the old cervix.

She was not sure of the time of impregnation. She was swollen and her urine solidified with albumen upon heating. Labor pains began Dec. 20, and continued for one or two days, but there was no dilatation. She came to the hospital Dec. 22. She had severe uterine contractions that day, and came for the purpose of having Cæsarean section done. But next day the pain had all gone. The night of Jan. 1, the water broke, and severe pain began. The cicatricial bands about the cervix were cut, and Elliot's forceps were introduced. Both blades of Tarnier's forceps could not be gotten on. After several efforts, I concluded that she could not be delivered

in that way. In the morning the fœtal heart was distinct, in the afternoon it was feeble.

The section was made without difficulty. The placenta was attached in front. The child could not be resuscitated. The placenta was readily detached and the uterus was cleaned out and closed by the Saenger method. The operation was done on Friday, and the patient did well until the following Tuesday, when she sank rapidly. and died in a few hours. The woman had grave kidney disease, and had little chance of recovery on that account. In this case several things are to be considered.

First, the woman was perfectly willing for the operation. Second, her life, from the condition of her kidneys, was not insurable, and the child had a good chance of living. Third, se had much difficulty in the former craniotomy and barely escaped with her life.

Dr. Ashby: I have had the good fortune to witness two Cæsarean sections. One, the case of Dr. J. G. Jay, of this city, several years ago, and the recent case reported by Dr. Browne. I was impressed with the care with which the operation can be done. Its mechanical execution is certainly much less difficult than that necessitated by many intra-abdominal operations. Hæmorrhage is easily controlled, and the closure of the uterine wound is not a difficult undertaking.

In the case of Dr. Jay, the mother made a prompt recovery, and the child perished simply because of the unavoidable delay which was experienced before an attempt at its removal was made. Its death had, in my opinion, no relation to the operation, but to causes which antedated the section. I am convinced in the case of Dr. Browne, the child could have been saved had no other method of delivery been attempted.

The section, I think, bore no relation to its death. In this case the operation was skillfully done, and I am inclined to believe that the mother's death should be assigned chiefly to her kidney complications. She was a bad subject, but bore the section well.

My opinion of the Cæsarean section is altogether favorable. It has come to stay, and with an improved technique and larger experience will be approached with less hesitation.

The operation of the future will be approached without delay, and before other methods of delivery have been employed.

The important indication for the operation rests on careful pelvic measurements and determination in advance of any obstetric interference of the impossibility of delivery by version or forceps. If this is done the section will be approached under its most favorable aspects and its results will be far more satisfactory.

I agree with Dr. Miltenberger in that personally I would prefer craniotomy, if the patient were a member of my own family, but upon scientific grounds, I would not hesitate to operate did my patient and her friends elect this procedure, having satisfied my own mind that a living child could not be born in any other way.

I think it unfortunate that the physician in charge of these cases should not have the moral support of the public and profession in the selection of the section in advance of attempts at other methods of delivery. Out of deference to a sentiment, he often feels forced to use the forceps and version where his own judgment was in favor of the section.

Valuable time is thus lost, and the lives of both mother and child endangered, if not sacrificed.

Dr. Neale: As no points were raised against the paper I have nothing to say in its defense.

I did examine Dr. Browne's case, and told him in my opinion it was no case for the section.

The chief obstruction was in the soft parts, that in the pelvis was very slight if any. I thought it possible to deliver the child alive p. v. n., but was sure it could

be readily extracted after craniotomy. Owing to the kidney complication, the mother was in a most unfavorable condition for the section, and for that matter the child also, therefore I advised against this operation.

However, after once beginning a conservative delivery p. v. n. which was persisted in too long (30 min.) I certainly never should have resorted to the section in that case, with both child and mother in the then most unfavorable condition, but would have delivered at once by craniotomy.

I totally and emphatically differ from Dr. Ashby that any conscientious obstetrician should ever be forced to resort to craniotomy by the moral suasion of the patient or her friends. Such teaching would be extremely pernicious.

The sentimental question of what one should do, if the patient were his wife, &c., is a matter of individual conscience, and not open to scientific discussion before a medical society.

I again request the fellows not to let this matter rest where we have it tonight.

I wish to emphasize the fact that I have purposely avoided any reference to the religious aspect of this question, as I do not believe this point is open for scientific discussion before a medical society.

WILLIAM S. GARDNER,
Secretary.

410 Hanover St.

CHLOROSIS AND ITS TREATMENT.

Dr. Frederick Scholz, of Bremen, has published a remarkable work on chlorosis, the outcome of observations made during the last 20 years. Instead of regarding the deficiency of iron or hæmoglobin, or even that of the red corpuscles, as the primary affection, he states that contraction of the vessels is always present in these cases, as indeed was observed by Bamberger, Rokitansky, and Virchow; and this, he contends, is not to be regarded as a complication due to an altered condition of the blood, but as the primary condition which is followed by the morbid change in the blood. As a matter of fact, the vessels are, he says, too full, or in the condition termed by the older physicians "plethora ad vasa," the blood being—or becoming—abnormally serous. Long ago his attention was struck by the cold and livid condition of the skin in anæmic subjects, and he was led by this to employ hot baths, together with gentle friction, in the treatment, with the view of acting directly upon the skin, so as to improve the vitality and nutrition generally. The success of his first attempts was so marked that he was encouraged to persevere in this line of treatment, and he has since had many opportunities of extending his experience with it. Hot baths diminish the plethora by relaxing the tension of the vascular system, which is high, quickening the circulation, and thus relieving the palpitation, dyspnœa, and other symptoms. In thirty cases where the distress of the patient was very great, Dr. Scholz has gone a step further and supplemented the hot bath by venesection. Paradoxical as this treatment may appear, it was followed by marked benefit, and if the theory of the pathology of chlorosis above mentioned be correct, there can be little doubt that the novel line of treatment practised by Dr. Scholz is justifiable.—*Lancet.*

EFFECT OF PARATALOID ON THE SPUTUM OF PHTHISICAL PATIENTS AT DAVOS.

Since November 17th, 400 patients have been treated by the Koch method at Davos. Dr. J. Amann has made bacteriological investigations of the sputum of 288. He finds that the injections increase the amount of sputum and the number of bacilli; their form is also somewhat changed, and they take up the stains more readily. There is also an increase in the number of elastic fibres of the sputum.

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BALTIMORE, FEBRUARY 14, 1891.

Editorial.

THE PRESENT POSITION OF ANTISEPTIC SURGERY.

The January number of the *"Annals of Surgery"* contains a very interesting article from the facile pen of Prof. J. William White under the above heading, which will well repay perusal. It is designed specifically as an answer to Tait's attack on "Listerism" and as such is an able polemic, but is especially instructive as a review of antiseptic surgery. Not a little interesting also is the report, which the article contains, of the good work Prof. White has done with the double cyanide dressing lately devised by Lister. The treatment of wounds on the basis of the germ theory has undergone many vicissitudes since its inception by Lister in the Glasgow Infirmary in 1867. But the general effect of the contest for supremacy has been to establish its claims all over the civilized world and to eliminate, to a large degree what are known as the septic troubles from the results of surgical operations. Generally surgeons, with scarcely an exception, accept it and use it. In fact the discussion of antisepsis and asepsis has become largely a discussion of technique. It must also be admitted that much injustice has often been done the illustrious originator of the method in the attempts of those who have instituted modifications to gain notoriety for their work. Many different drugs have been used and the technique of antisepsis very much altered and we have strong advocates for all grades from the complicated technique of Knowsley Thornton to the tap water of Tait, but we believe the surgical world is prepared to give due honor to the great mind upon which all this depends and to regard Lister as the father of aseptic as well as antiseptic surgery. Whether the means used to guard the patient against the results of the activity of germs be by keeping them out or destroying them is of little consequence in the discussion. The cream of the matter is in the recognition of the fact that the many conditions which formerly made so many grave surgical operations disastrous to the patient, and which were attributed to so many causes unheard of by the modern medical student are the results of sepsis. What the doctrine, or rather the demonstrated fact,

has done for surgery, it were vain to repeat. The developement of surgery under its influence, the performance of operations which were formerly unknown, the transferrence of well known operations from the category "desperate," to that of "comparatively safe," the transformation of old hospital wards in which it was dangerous to perform the simplest operation to places of security, all show the extent to which we are indebted to the genius and industry of Lister.

. . . .

To discuss the subject of antisepsis purely from the surgical point of view would be to rob it of half its merit. Antisepsis and disinfection go hand in hand. Disinfection plays a most important part in hygiene. If we compare our present knowledge of these subjects to that which we possessed before their study was stimulated by that of antisepsis we shall find much cause for satisfaction. Those of us who are old enough to remember the odor which formerly was characteristic of a hospital ward can but rejoice in its absence at the present time. We who can remember the old and crude attempts at disinfection by substituting one stink for another must appreciate the definiteness and success of more modern methods. True we have yet much to learn, but equally true that such degree of success as we have already reached serves only to stimulate investigators to fresh efforts. The medical treatment of infectious diseases has perhaps not received the aid which it may yet gain from the further developement of the antiseptic idea, but the prevention of the spread of such diseases by the disinfection of the discharges and of the articles used about them is a most important step. Modern pathology owes so much to the developement of the germ theory that the new branch of bacteriology rises to first class importance, and laboratory work in that branch has given us a definite physical basis for consumption, diphtheria, cholera, gonorrhœa and many other diseases over which our forefathers puzzled their brains for generations and without success. Antisepsis has transformed obstetrics. The awful results of confinements in lying-in hospitals of even twenty years ago caused serious discussion of the propriety of closing such insitutions altogether. Now hospital results are better than those in private practice, normal charts are the rules and milk fever has gone to the limbo of sthenic and asthenic surgical fever.

RECENT MEDICO-LEGAL CASES.

CHILDREN AND THE LAW.

The proper care for children so that they shall not be injured when playing by themselves, is laid by the courts upon all persons with whom they may be, and not merely on their parents or guardians. This liability is recognized in most of the States, but a few like New York hold that if the parents have suffered the child to stray into a place of danger, there can be no recovery. In a recent case in Indiana a person had an uninclosed lot near his foundry, which he had allowed for months to be a thoroughfare and a play-ground for children. After a time he began placing the ashes from the foundry on the lot, and a child fell on the hot embers and was injured. The court held that he must be held liable in dam-

ages, and said: "We do not hold or intend to hold that the appellees would be liable for the ordinary use of their lot in piling hot ashes taken from their mill upon it in the usual way, but the allegations of the complaint show a wanton disregard of the rights and safety of others. It shows that the appellees had by their knowledge and acquiescence given license to children of tender years to use their uninclosed lot as a play-ground, and without any warning to them, or others, they constructed a pit-fall in the ground where such children were accustomed to play, which they filled with burning embers, and which gave forth no signs of its condition, or the danger in stepping upon its covering, and while in this condition the plaintiff, a child of tender years entered upon it, as he was accustomed to do, without any knowledge of its changed condition, and was severely burned and injured."

The court cited with approval several instances where the owners of property had been held liable. In one of them, the owner had begun to dig a well on his land, and then had stopped and covered the hole about six feet deep with loose boards. The lot was open to all comers, and a horse strayed in and fell into the pit, killing himself. It was held to be a proper case for damages. In another case a railroad company permitted the public, including children, to pass freely over its road at a certain point, and this permission was held to require of the company special care, so that a child who was injured by picking up a topedo left on the track to signal approaching trains could recover damages for the injurv.

The books are full of cases where persons injured by falling into excavations at the side of frequented paths and not properly covered up have been permitted to get pecuniary balm for their sufferings.

SHALL THERE BE PUBLIC HYPNOTIC EXHIBITIONS?

Public exhibitions of hypnotism have recently been prohibited in Cincinnati on the recommendations of the City Health Officers, but no objection has as yet been made in other cities.

In New York a Mlle. Agnes Charcot has given what are said to be remarkable exhibitions of this strange power before physicians, and the general public are now to be afforded the opportunity of witnessing and passing under the spell of her influence.

CARE OF THE INSANE IN NEW YORK.

The humane law passed last year in New York, requiring the transfer in most of the counties of the insane from the poor houses to State Institutions has worked well during the short time it has been in operation as appears by the report of the State Commission in Lunacy, yet there is an effort being made to repeal the law by the ring of politicians and contractors who have found a profit in keeping the unfortunates under local control.

The main ground on which the repeal is urged is that a great expense will have to be incurred to enable the State Asylums to receive the insane still remaining in the county poor houses. The objectors say this will amount to millions of dollars; while on the other hand the State Commission says that $500,000 or less will be sufficient. In the discussion little attention has been paid to the fact that in the State institutions, the insane are well cared for and have the best treat-

ment possible while in the county poor houses in the past they have been abused, half fed and not given proper medical treatment.

When the law went into operation there were in the local poor houses about 2200 insane, and this number by discharge and removal has been reduced to about 1700, and this number is being reduced gradually. It will not be possible to receive all of this number until the accommodations of the public asylums are increased. It does not seem possible that the Legislature will repeal the law and bring back the old system with all its horrors.

ADULTERATION IN NEW JERSEY.

The State Dairy Commissioner of New Jersey has just prepared his annual report from which it appears that during the year, 2186 samples of food, drugs and dairy products were examined and of that number 468 found to be adulterated.

Out of 196 samples of cream tartar, there were found 60 that did not meet the requirements of the law.

There were 162 samples of lard, and 52 were not pure.

Out of 59 lots of coffee gathered all over the State, 40 of them were bogus coffee beans.

There were frauds detected in cans of French peas, in jellies, honey and olive oil. There were ten lots of mustard examined and not one found pure.

Out of 110 samples of drugs, mainly those purchased without a prescription, and universally used by every family, 44 samples were found adulterated.

The Commissioner and his deputies visited 64 different towns. The amount collected for the violation of the Milk Act was $900, and for the violation of the Oleomargarine Act, $300.

LOOK OUT FOR FALSE TEETH.

People should now be on the look-out for false teeth, as the papers report the theft from the Brooklyn Dental Company of 970 sets, and in this connection we may take note of an accommodating narrow gauge railroad in Northeastern Pennsylvania, the conductor of which recently stopped the train and got out with all the employees to look for a set of teeth which a passenger had thoughtlessly dropped while leaning out of the window to gaze on the beauties of the landscape.

Medical Progress.

ALBUMINURIA IN CHILDREN.

Dr. Seyournet describes a form of albuminuria which, he considers, is more frequent than is generally supposed among children. It differs from tht scarlatinal type usually observed. He studied the former type among children of the age of from eleven to sixteen months (*The Lancet*), A great many of the patients had been brought up on the bottle, having been feed on unsuitable food, causing distension of the abdomen or stomach, or occasionally enlargment of the liver, or intestinal disorders, accompanied by vomiting or diarrhœa. He believes this special form of albuminuria to be of an infectious character, and traces it back pathogenetically to certain toxic substances which are generated by abnormal fermentation in the bowels. These substances are absorbed by the bowels and pass to some extent into the kidneys. They produce congestion in the renal tissue, which may lead to inflammation of the kidney. One of Dr.

Seyournet's little patients had scarlet fever 22 days after convalescence from this albuminuria. It is evident from this fact that it was not scarlatinal albuminuria. It was usually accompanied by anuria, whereby the congested condition of the kidneys was intensified. With some of the patients the daily evacuation of urine was only half an ounce. In one case the patient passed no urine for more than 48 hours. Notwithstanding this, no uræmic symptoms appeared. It was in most cases only the anuria which led to the urine being examined for albumin. The result of the examination in each case was positive. A strongly marked feature of this disease is the œdema of the feet, sometimes also of the hands and of the eyelids and face, but the latter were not always affected. The quantity of albumin varied from a drachm to ten drachms per diem. The duration of the disease was from two to four weeks. The treatment consisted in giving milk, which in some cases was mixed with lime water. Where there was vomiting, gentle aperients, such as castor oil or calomel, were given; salicylate of bismuth was employed in order in order to disinfect the bowels as much as possible. Systematic massage of the lumbar regions was also employed in order to relieve the congestion of the kidneys.—*Med. Record.*

THE RESPIRATORY CENTRE.

The details of a research of considerable importance, undertaken by Laborde with a view to determining the situation of the centre for respiration in the medulla, are given in a recent nnmber of the *Comptes Rendus*. Full particulars are promised in a more elaborate form. It was found that superficial destruction of the alæ cinereæ produced impairment of respiratory movements; deeper injury produced slowing or temporary cessation of breathing, while destruction, at least down to the centre, gave rise to complete suspension of respiration. This condition was produced with the greatest certainty when a particular part of the floor of the fourth ventricle was removed. This part in rabbits has a diameter of 0.5 mm., in dogs of 1-2 mm.; but the instrument must penetrate at least half the thickness of the substance of the medulla, and pass to the raphe immediately above the calamus scriptorious. Destruction of this region on one side suspends temporarily respiratory movements of the opposite side of the body. Division of the medulla just below the calamus always suspends the respiratory movements of the trunk, those of the head persisting for a long time. The movement never returned if nothing was done, but it did so if artificial respiration were kept up for a long time. The spinal reflexes remained present, were even increased, and there were superficial, irregular, but ineffective contractions of the respiratory muscles. In newly born animals the exaggeration of the reflexes was especially marked. All parts above the medulla, including the cortex, the corpora quadrigemina, and the optic thalami, were found to have no particular influence on respiration.—*Lancet.*

Medical Items.

A full-blooded Sioux Indian has just graduated in medicine at the Boston University.

Dr. S. S. Strong, of Saratoga, proprietor of Strong's Sanatarium, died on Feb. 1st, aged 78 years.

Mr. Victor Horsley has resigned his position as professor-superintendent of the Brown Institution.

Dr. James A. Lydston, late Chief of Eye and Ear Department, Pension Bureau, Washington, D.C., and Professor of Chemistry in the Chicago College of Physicians and Surgeons, has removed to Denver, Col., where he will re-enter the practice of his specialty. His change of location has been necessitated by the illness of his wife.

MARYLAND MEDICAL JOURNAL.

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CONTENTS

ORIGINAL ARTICLES.

Diphtheria and the Use of Hydrogen Dioxide in its Treatment. By Edw. J. Bernstein, M. D. 353

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Jan. 2, 1891. Remarks on Vaginal Examinations. Discussion. Simultaneous Distal Ligation of the Carotid and Subclavian Arteries. Discussion. Pelvimetry for the General Practitioner. Discussion. . . . 361

EDITORIAL.

On the Antiseptic Value of Pyoktannin. . 367

On the Germ-Origin of Cancers and Other Neoplasms. 368

REVIEWS, BOOKS AND PAMPHLETS. . . . 370

MEDICAL PROGRESS.

Hysteria and Organic Disease.—Koch's Fluid in Tuberculosis of the Eye.—The Rythmic Action of the Heart. 371

MEDICAL ITEMS. 373

Army and Navy Reports. 373

Original Articles.

DIPHTHERIA AND THE USE OF HYDROGEN DIOXIDE IN ITS TREATMENT.*

BY EDW. J. BERNSTEIN, M. D.

My object in presenting this paper to you to-night, gentlemen, is not to give you anything original, but to bring before you a review of the literature on this subject with especial reference to that of the past year.

I, at first, intended merely to relate a few cases which came under my care, and the treatment adopted in handling them, in the hope of drawing from my fellow practitioners some discussion on these methods, but on further consideration concluded not to rest there.

I had nearly completed collecting material for this paper when Dr. Welch's admirable lectures on the bacteriology of this subject were delivered at the Hopkins', still as many here have not taken advantage of that opportunity, I concluded not to omit that portion of my paper.

Diphtheria or "diphtheritis," as it had also been erroneously called till Virchow* showed the absurdity of such nomenclature, is a specific, infectious and contagious disease characterized, clinically, by epithelial changes in and exudation of fibrin into and on the mucous membranes, wounds and rete malphii; thereby constituting the so called pseudomembrane. It is either primary or secondary, following in the wake of other infectious diseases. It is either sporadic, epidemic and in many large cities, endemic. In this connection I have gone over the mortuary reports of our city for the last ten

*Read before the Clinical Society of Maryland, Feb. 6th, 1891.

*Quoted by Loffler Deutsche Med. Woch. No. 5, 90,

years, and shall give you only the more important facts. By a little observation it will be seen that the greatest mortality from this disease is in the four months, October, November, December, January, and that in the months of May, June, July and August, when it is least, the death rate is less than one-fourth.

	Total deaths.	Greatest No. in any month		Least No.	
1880	293	Jan.	48	June	13
1881	639	Dec.	114	Mar.	20
1882	707	Oct.	107	July	23
1883	591	Jan.	77	July	30
1884	343	Oct.	45	June	9
1885	252	Oct.	45	July	6
1886	190	Oct.	32	Aug.	7
1887	149	Oct.	27	May	4
1888	115	Nov.	24	May	1
1889	155	Dec.	25	July	1
1890	272	Nov.	43	June	7

With one exception, that is in the year 1880, when there were but 293 deaths as compared to 639 of the following year, there had been a steady decrease up to the year 1889 in the mortality, notwithstanding the corresponding increase in the population of the city. To what is this due?

Monti, in his monograph on this subject, in giving the number of cases reported for the five years immediately preceding his writing, shows nearly the same results; that the disease was most prevalent during the coldest parts of the year.

Zitt in his "Jahrbuch für Kinderheilkunde" claims most cases occur in March and April, and the least in July. Sporadic diphtheria may occur at any time of the year.

It is by all odds, a children's disease; seen seldom in the new born, though Jacobi saw two such cases. Tigri reported one in a child 14 days old, and Siredey in the hospital Lariboiser met 18, J. Lewis Smith, in Keating's Encyclop. five cases.

In infants it is most likely to occur before the third month, after this until the tenth month, there is an apparent immunity, after this again up to the fifth year is its largest field.

In some 4,500 cases reported in Vienna over 3,500 were in children between the ages of one and ten years, by far the largest contingent before the fifth, i. e., before the school period.

The constitution of the child has no bearing on its susceptibility to infection, but *this* is well known, that those children already suffering from *catarrhal* affections of the upper air passages show a decided predisposition. But the difference in the *course* and *termination do* depend on strength, age and individual idiosyncrasies of the patient. There are families, in which every child exposed becomes infected, others, in which with equal exposure, only one or two will come under its influence.

Monti says, in his experience, the children of Jewish parents are more liable to, and show a greater mortality from this disease than any others.

I have failed to see this statement made by any other author, and my own experience, as yet, is too limited to pass an opinion.

According to the same author, and, as I take it, the bulk of others, *a second infection is rare.* He says "he has never yet been called upon to do a second tracheotomy for diphtheria"

Guersant reports one such case and further says "this is the only case in which he has seen a second attack in the same child."

While J. Lewis Smith says, "It resembles erysipelas in the variableness of its duration, and the fact that one attack gives no protection from another." And Jacobi goes so far as to declare that children who have once had it are thus rendered *more* susceptible."

I make special note of this question, "The immunity gotten from attack." As upon *it* would depend much of the usefulness of inoculation of children as a preventive. I especially ask for an expression of your opinion on this subject.

As to the causes of its spread, many

theories have been advanced. While it has been traced to sewage, defective drainage, filth and so forth. so have typhoid fever, dysentery and other diseases. Is it all possible that the same cause could produce a variety of diseases in different individuals?

Weber attributed its spread to the use of the common white potato. At the end of the 16th century this vegetable came into general use, and at the same time epidemic of diphtheria were again recognized, and further, that in the decade 1860-70, with the increased culture of the potato, this disease had also increased in violence, and prevalence, and also at the time of sowing and harvesting this vegetable was specially noticeable. But this theory is absurd, as thousands have eaten potatoes both good and bad without contracting the malady, and many have contracted the malady without ever eating of them. (I might anticipate here and say that it is found that the bacilli grow but poorly, if at all, in potato mediums.)

Ordtman also attributed its cause to a vegetable diet, especially if decay had commenced. He further contended that no animal contracted the disease while on an exclusive milk diet, this is as we have seen above also false.

Domestic animals such as young cats, young puppies, poultry, sheep and swine are very susceptible and readily communicate it to children and *vice versa*. Rats and mice show no, or but slight susceptibility.

Gerhardt† cites the following to illustrate its communicability from one animal to another, and from these to man." On a certain farm near Linda, in Baden, some 2,600 Veronese hens were imported, of these, several had diphtheria; inside of six weeks 600 sickened and died, and a little later 800 more succumbed to the same malady. In the following Spring 1,000 eggs were hatched, and within six weeks every chick was dead of diphtheria.

Five cats and a parrot belonging to the establishment sickened with the disease and all except the latter died. A hen which was being sprayed with carbolic acid, pecked an overseer in the hand and foot, both wounds soon showed pseudo-membrane, the patient at the same time exhibiting constitutional symptoms; the wounds were treated antiseptically and soon healed. Two thirds of the day laborers on the farm contracted the disease, there being no other cases in the village.

Löffler, however, contends that the diphtheria of animals stands in no causal relation to the same disease in man. Though Dr. Welch seems to think the assertion too sweeping and the facts bear him out. While most authors uphold its contagiousness, others disclaim any such idea. Friesz went so far as to eat the flesh of chickens sick with the malady without any result. He repeated the operation in company with several others, again with negative results.

It is shown that there is something more than mere contact which spreads the disease. Peter Trosseau, and two of his students, Hajek, Dushampo and others have gone so far as to rub a piece of the false membrane on their fauces without becoming infected. And of 68 doves and rabbits thus inoculated, only 11 died as a result.

Among the many brilliant men who have died as a result of having the false membrane blown into their nose and throats while attending patients ill with the infection may be mentioned Herpin, Gendron, Blachefils, Gillette Valieux, Weber, Seehausen, Preleitner and a well known surgeon of our own city Dr. Frick.

There are besides these, 16 cases on record where surgeons have nicked their finger while performing tracheotomy and afterwards had constitutional symptoms with the formation, in several instances of false membrane in the throat. From these various and apparently conflicting experiments and results, we are now in a position to say that they all prove the same thing, i. e., that inoculation can

*Monti. Ueber croup und diphtherie.
†Gerhardt, Art. or *D.* Zoeite given to Congress fur Innerliche Medicine, Wiesbaden, 1883.

only take place through a wound or otherwise diseased surface.

Drinking water and milk as is also the case in typhoid fever, are held as potent factors in communicating it.

Is diphtheria a local or a general disease? is the question agitating the minds of medical men. This question can now be definitely settled. Undoubtedly it is a local disease, due to the lodgment and growth of the bacilli, and the constitutional symptoms result from the absorption of the virus by the system.

Clinically the diagnostic pathological point is the formation of the characteristic pseudomembrane in the throat, but it is often shown at postmortems that patients have died of the malady without any local signs at all discoverable in life. It is possible to have extensive local lesions and no constitutional symptoms, and then again the reverse is true.

Oertel* has shown that the pseudomembrane forms only where there has been a loss of mucous membrane, but having once obtained a hold there, it thence spreads out, fan like, over a larger or smaller area; if examined it will be found that the stem or place of strongest attachment corresponds to such a loss in tissue. This membrane is an exudate consisting of epithelioid cells, micrococci, bacteria and fibrin, extending deep into the submucous coats, which accounts for the impossibility of its removal without force and consequent loss of blood. The pseudomembrane of croup resembles this macroscopically but not microscopically, and here there is no loss of mucous membrane or of blood in its removal.

In addition to the visible and characteristic pseudomembrane on the surface of the affected mucous membrane, it is important to know that not only in the substance of the mucous membrane, but also in the various lymphatic structures of the body, such as the cervical and bronchial lymphatic glands, the peyers patches, the mesenteric glands and the spleen, characteristic diphtheritic lesions are often present.

These lesions consist of foci, often microscopic in size, in which large epithelioid cells, leucocytes, masses of fragmented nuclei, hyaline masses, and fibrin appear.

The diphtheritic virus is thought to act primarily on the cells themselves, causing a fragmentation of their nuclei, and a coagulation of their protoplasm. This destructive action usually involves, first: the epithelial cells covering the mucous membrane and finally the cells in more remote parts especially the lymphatic glands and the spleen. The changes thus brought about are essentially of the nature of a coagulation necrosis leading to the formation of pseudomembrane and to the developement of necrotic foci in the lymphatic glands and spleen.

There are other changes, often important, but not peculiar to diphtheria in other organs of the body notably in the heart, kidneys and liver. In the heart we find very frequently, granular and fatty degeneration of the muscle fibres and sometimes areas of small celled infiltration causing an acute interstitial myocarditis. In the kidneys, we have a parenchymatous degeneration sometimes advancing to fatty degeneration, and often also a genuine glomerulo-nephritis or acute diffuse nephritis. In the liver, as Dr. Welch pointed out some time ago are found lymphoid nodules composed of clumps of lymphoid cells. These changes are quite common, but are also found in typhoid fever and other infectious diseases. They are without *clinical* importance.

The investigations of Buhl, Hubner, Oertel, Eberth, Klebs and a host of others show that in the mucous membrane were to be found, numerous and various micro-organisms. That one or more were probably the *primary* cause of diphtheria. It remained for Löffler‡ in 1884, in Koch's laboratory (while the latter was away in Egypt pursuing investigations in the direction of the cholera-bacillus), to unfold to the medical world the results of his investigations and show us the true causal bacteria. Löffler, at

†Oertel Path. der Epidemishen D.Atlas, 1887.
‡Deutsche Med. Wochensch., 1890, No. 5 & 6.

first, held a mental reserve as to the great etiological factor of his discovery.

1. Because he did not find them in every case.

2. In inoculating in the open trachea he did not always get the identical membrane.

3. Because he had found, what he then supposed, to be the same bacillus in the saliva of an healthy child. This was afterwards proven to be only morphologically similar.

4. Because he did not always get the typical paralysis following his inoculations.

Later research has shown these conclusions to be faulty, that the Klebs-Löffler bacillus, as it is now called, is always present and especially so in the early stages of the disease, that they are the most superficially placed of all the other micro-organisms; that they do not penetrate deeply and above all, not into the deep layers of the mucous membrane, where great numbers of streptococci or chain cocci are found. In a case of diphtheritic coeitis sent to Löffler for examination, only the typical rod bacteria could be found while in the throat, many other varieties could be seen, thus proving that his theory in regard to this organism was correct. This observation was verified by Huebner in Leipzig in a similar case sent to him.

Work done in the past year by Flügge, Cornil and Babes, Ronx and Yersin, Brieger and Fränkel, and by Löffler, show that by culture methods on Buillon, Agar Agar and other media, they can separate a virus which produces, when inoculated into animals, the characteristic pseudo membrane which is followed by paralysis especially marked in the hind-legs of animals thus inoculated.

To produce this substance experimentally, a preparation of bouillon, blood-serum and grape sugar, which has been rendered alkaline is made. The medium is then charged with the organism, the preparation soon becomes acid and remains so, for two or three weeks, when it again becomes alkaline; and is now ready for trial. Much of the non-success at first reported was due to the fact that virus was used which had not fully matured.

Our own countrymen have not been behind in this work. Wood and Formead claimed to have discovered the true micro-organism in 1882, but it was afterwards shown not to be the case.

J. Mitchell Poudden in *Am. Jour. Med. Sci.* June 1, 1889, claimed that he had investigated 24 cases of true diphtheria and failed to find the rod bacteria in any one case, but in 22 cases he found the streptrococci, which he claimed to be the causal agent. Löffler in commenting on this paper declares his non success to be due to his faulty method of culture.

Poudden in a later article, wishes to be understood as not opposing Löffler's ideas. His investigations had been mainly in cases of secondary diphtheria, and no doubt the streptococci were the causative agent in these.

It is stated that the bacteria have never yet been found in the kidneys or pleural cavities, but both these organs show intense hyperæmia, and many other viscera show œdema and hemmorrhagic extravasation.

Dr. Welch has corroborated the work of Löffler and has found the organism in every case seen by him. He describes it as being rod shaped, of the same length as the tubercle bacilli but twice as thick.

It is not always found as simple rod, at times it appears with one end swollen somewhat pear shaped, at others with both ends swollen like a dumb-bell, and again with a swelling in the middle. While it readily stains, yet it varies even in this, at times staining uniformly only in the central portion, leaving the ends unstained, or irregularly, this is supposed to be due to the irregular distribution of the protoplasm.

The organism is not a motile one and

*Deutsche Med. Wochsfh. 1890, No. 5 & 6.

forms no spores. This latter is proven by the fact that they are rendered inert by a temperature of 60°. which would not affect spores and that the bacteria cannot be cultivated from preparation thus subjected. It retains its virility a long time, dried on cotton threads it is still active at 3 months and may by other methods of drying be kept as long as 6 months.

The more violent the case of diphtheria, the more toxic the organism, and in the milder cases they are scarcely poisonous. As said before, the explanation offered to the hazardous attempts of Peter, Trosseau, Hajek, Duchamps and others of the anti- contagion school is, and later work in the laboratories prove it beyond all cavil, that the disease is not inoculable through the *normal* tissue.

One word more in reference to this organism. It produces by its multiplication and growth a soluble poisonous substance insoluble in absolute alcohol—of an albuminous nature, separable from the bacteria by destroying the latter by a heat of 140°. It is not a chemical substance as by its inoculation, you get definite period of incubation. It is not a ptomaine as you have no crystalizable alkaloids unaffected by drying. The only crystalizable substance found there is creatinine, due to the meat extractives in the bouillon. It is not an enzym or diastase. It has been called tox-albumin by Brieger and Frankel, and this seems the most appropriate term.

In the *Deutsche Med. Woch.* Dec., 1890.

Drs. Behring and Kitasato, two observers, working in Koch's laboratory, have succeeded in rendering animals immune from subsequent attacks of tetanus, by the use of attenuated cultures of tetanine and also by drugs, they or rather Dr. Behring, extended his work to include diphtheria; and was likewise successful when using attenuated cultures of diphtheria toxalbumin, and also by injections of the product of the culture (of the rod bacteria in bouillon), which had been filtered through a Chamberland Pasteur filter, to free it of the *organism*, and then subjected to heat; 65°—75°C., which rendered the toxalbumin inert.

They then, after 14 days, obtained immunity in animals thus subjected: but in the early part of the 14 days the animals were *more* susceptible. This means is then impracticable of application in human beings.

It is well to note that no good came of inoculating animals with this substance *after* infection had once occurred.

In trying to obtain immunity by the use of drugs, they found the chloride of gold and soda, trichloride of iodine,—a new and powerful antiseptic—carbolic acid, hydrogen, dioxide and one or two others to be available.

From the foregoing it must be seen the only rational mode of treatment should be germicidal and at the same time supporting and stimulating the patient in order that he may overcome the effects of the virus. In looking for a germicide of sufficient power to destroy the organism and at the same time could be used with minimum danger to the child, my attention was called to H_2O_2 by Dr. Mactier Warfield.

It has been shown that neither boracic acid, chlorate of potash, alum nor lime possessed active destructive power on the bacteria; and chlorate of potash was especially to be guarded against on account of its menace to the kidneys already overcharged with work.

Hydrogen dioxide, salicylic acid and citric acid are very active and safe germicides. Menthol, applied locally, in sugar 1-20 is also an active bactericide, and in this connection has been very highly recommended by various authors especially Wolf in the *Therapeutische Monatsheft.* It is to be *rubbed* on the affected spot and is said to soon show an ulcer with clean cut edges which heals very rapidly. But it is to hydrogen dioxide that I wish to draw your attention, Squibb in Ephemeri's 1889, says: "it expresses by its name its composition.

Water can be made to combine with a second molecule of oxygen, the result being a watery-looking substance H_2O_2.

This second molecule of oxygen is very loosely combined and the compound molecule is always on a strain to break up, into water and oxygen, and when it thus breaks up, either slowly or rapidly, the O. separates into that nascent or most active and potent of its condition next to that of Ozone. It is to this splitting up, that the latter element owes its power. Simple contact with organic matter especially with albuminoids suffice (as the virus of diphtheria is an albuminoid one readily sees the application of this fact), undiluted H_2O_2 is so very unstable that it is always sent out diluted with another quantity of water, to which has been added a small proportion of H Cl.

The strength of the solution is commonly indicated by the volume of active oxygen that a similar volume of solution will yield in use. The best makers usually send out a 15 volume C. P. solution.

Both Squibbs and Chas. Marchands preparation correspond to this and I would especially ask you, to insist on obtaining either of these preparations. It is colorless, odorless and, except a slight acidity, almost tasteless. This latter consideration should especially recommend its use in dealing with children to whom the matter is of no small moment. At or below 15°C or 59°F., this solution does not change materially within a reasonable time. Above this temperature it decomposes very rapidly and herein lies its great value. It should therefore be kept in a cool place out of direct sunlight and shaken as little as possible. The bottle should not be grasped by the hand for any considerable length of time. It is best to handle the bottle by the neck, contact with metal is to be guarded against; only glass or hard rubber atomizers should be used.

It acts chemically and mechanically upon all secretions and excretions, so as to thorougly change their character instantly.

A child's nostrils and pharynx may be sprayed every hour or two with the solution, and any solution which finds its way into the stomach is beneficial rather than otherwise, thus the effects of bichloride of mercury are obtained without its risks or dangers. It is highly important to commence its use almost from the start, and that one should get a first-class article and as fresh a preparation as possible.

Dr. J. N. MacKenzie* in an article on its use, recommends it in catarrhal affections of the upper air passages taken in doses from two to four drachms of a four p. c. solution. He also recommends its topical use in spray, and further remarks its beneficial effect on the gastric mucous membrane of patients taking the drug for their catarrhal troubles.

Dr. W. R. Munroe† speaks of its powerful germicidal action as indicated by the results of Dr. P. Miguel. He says "It is a 'sporicide' of great power, and quite a number of experiments by Chas. Marchand and Dr. J. M. Bleyer, of New York, in over 200 cases of diphtheria and membranous croup confirm this view."

"It is affirmed by comparative test to be 60 times as powerful as carbolic acid, 20 times as strong as salicylic acid, and 40 p. c. more potent than the solution of Hg. Cl_2. This is extraordinary, and may seem incredible, but experiments place it beyond doubt."

Dr. Munroe further extolls the remedy from his own experience.

For diphtheria Dr. Bleyer "*N. Y. Med. Record*, recommends, without respect to age, 200 parts of a 10 volume solution mixed with three parts pure glycerine. A teaspoonful every two hours and in severe cases every hour.

Dr. R. J. Nunn, of Savannah Hospital, speaks very highly of it (page 251, *Demarquary on Oxygen*.

Cheatham, *N. Y. Med. Jour.*, Aug. 23, 1890, recommends the use of a 15 vol. strength alone or combined with Hg.

*Practice, Dec. 1886.
†Trans. Md. Med. and Chir. Faculty, 1889.

Cl_2. He says it is of "wonderful effect." when used in the nose in 10 volume strength.

Drs. Glasgow and Delavin also recommend it.

Hofmokel, *Berlin Klin. Woch.* 1888, treated 50 cases of diphtheria with teaspoonful doses of a two p. c. solution repeated every two hours, and extols the remedy.

Camman, *N. Y. Med. Jour.* Nov. 2, 1889, reports favorably on one case treated by him by spraying H_2O_2 in throat.

It was especially with iodine trichloride that they obtained their best results.

Says Dr. Behring "I made guinea pigs immune in the following way. To a four weeks old culture of diphtheria bacilli, I added iodine trichloride in the proportion of 1.500 and allowed it to stand 16 hours. I then injected 2 c. cm. of this solution in the abdominal cavity. After three weeks I inoculated two of the Guinea pigs with 2 c. cm. of a culture to which had been added iodine trichloride in the proportion 1.5500. The control animals died in seven days, while the other two were unaffected. After the lapse of 14 days the same animals withstood an injection of virus which killed the control animals in 36 hours.

If the injection of I Cl_3 were delayed over six hours, the results were negative in most cases even when weak virus was used." He further adds that notwithstanding the remarkable therapeutic effects of I Cl_3 in animals. He is by no means to be understood as having discovered a remedy for the disease in human beings, but on the contrary is still on the search.

He then turns his attention to H_2O_2. Weak solutions to which had been added dil. sulphuric acid in order to make the preparation more stable, were experimented with.

"Guinea-pigs were used and stood injections of 2 c.cm. and more (of the drug), reckoned on the body weight, circ. 1-4000 to 1-2500. Rabbits stand less. Several succumbed to injections of 1 c.cm. body weight 1-1500. "H_2O_2 is in certain cases an excellent disinfectant and germicide and I used it originally with a view to observe its therapeutic effects in diphtheria, but I must admit that animals who were first inoculated and afterwards treated with injections of this drug, died much quicker than those used in the control experiments," and he further adds "as I added this preparation to diphtheria culture in quantities approaching the lethal dose I found the virulence of such cultures considerably increased."

"But, on the contrary, if I first injected the hydrogen dioxide and then a few days later, inoculated the animals I obtained a varying degree of immunity against the disease."

In a later article, after extolling the use of this drug, he declares that he intends trying its use on human beings. The results of this line of work are not yet published.

In the place where the subcutaneous injections were made, instead of the usual hæmorrhagic exudation and œdema, he found a clear, encapsulated, serous fluid.

Dr. Lübbert, of the same institution, followed up these experiments and succeeded in producing a positive immunity. He further adds that by repeated inoculations of the virus he could eventually overcome this immunity.

It has since been discovered by Von Hoffmann and others that there existed in the throats of some healthy children a bacillus resembling diphtheria bacillus Von Hoffman found it in six cases, and L. in one originally mentioned. Even if found more frequently this would not militate the theory of causative activity of the true bacillus.

I have in the last few days received a letter from a medical friend in Philadelphia who has spoken to Dr. Musser and L. Morton, both of whom had used the drug in the treatment of diphtheria, the one, successfully, in four cases, and the other in one case.

As I have already taken up a considerable portion of the Society's time I shall

not go into the details of my own cases.

In my first case I began the use of sulpho-calcime, but finding that not only was it disagreeable to both taste and smell, and that it also soiled the bed linen and clothing of the patient, but that the disease continued to get worse, that the membrane which at first was limited to large necrotic patches on the tonsils, now covered the entire anterior pillars of the fauces and the uvula, which was now considerably swollen.

I discarded the nostrum and began the use of hydrogen dioxide, which I directed to be sprayed into the throat every hour of the day and night. Gradually relaxing the number of night sprayings as the case went on to improvement. I also directed that the nose should be sprayed at least twice a day with the same solution.

Within a few hours the mother said she noticed a change for the better in her child, and when I made my evening call it was quite perceptible. I also noticed, which fact I have since seen corroborated by others who had used the drug, the better color of the child. The lips which before its administration were quite blue, were now of an healthy red color. The membrane in the throat had made no increase. By the following morning there was a decided decrease in the pseudo-membrane, and from now on began to disappear.

In conjunction with the above local treatment, I gave large doses of tinc. ferri chlor. in combination with tonic dose of quinia every three hours.

Cream of tartar lemonade was given *adlibitum* to appease thirst and to relieve congestion.

The air of the room was regularly charged with steam, generated on a small alcohol stove, to which had been added an alcoholic solution of menthol, encalyptol and thymol. It is well to say that the strength of the hydrogen dioxide was 50 per cent. of Ch. Marchands' 15 volume solution. I had directed that the preparation be sent to the patient's house in one ounce bottles—which were kept in a cool, dark place till wanted. I thus avoided unnecessary handling and exposure.

In three other cases which came under my observation, I followed out the same line of treatment and each recovered without any untoward after effects.

In the hope that some of you here this evening may be induced to try this plan of treatment, I submit this paper.

1013 Madison Ave.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JAN. 2, 1891.

The 243rd regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. Wm. P. Chunn read a paper entitled

REMARKS ON VAGINAL EXAMINATIONS.

In the

DISCUSSION

Dr. Howard A. Kelly said that he had had often impressed upon him the very great necessity for early vaginal examinations. Patients are often ill-treated for months for want of such information that intelligent examination would furnish. A case in point is a woman now in the hospital with a vagina full of tumors which had not been discovered by her attending physicians. He would insist, however, that the average doctor was often unable to determine by touch the true local condition, as for example to differentiate between cervicalla cerations and carcimona. In young girls, while he would avoid examination, unless very positively indicated, if employed, an anæsthetic should be

used to avoid wounding the sensibilities of the patients, and as being otherwise more satisfactory. In such cases he regards examination by the rectum quite as satisfactory as that by the vagina. In another class of cases, if he could induce the profession to more frequently employ vaginal examinations in women who have borne two or more children, and who complain of pelvic pains, irregular disorders, etc., in view of the great danger in such cases to carcinoma, he would consider his life not spent in vain. The importance of this should be urged perhaps more on the community at large than on the profession. Its general recognition would accomplish more good than all the major operations of the past decade.

Dr. Randolph Winslow presented a report on

SIMULTANEOUS DISTAL LIGATION OF THE CAROTID AND SUBCLAVIAN ARTERIES,

for aneurism affecting the innominati and carotid arteries.

In the

DISCUSSION

Dr. Howard A. Kelly said that he desired to put on record 3 cases of aneurism seen in the wards of the Episcopal Hospital in Philadelphia. One was a case which had been treated for weeks as one of chronic bronchitis. One day after careful examiantion he had found a pulsation and bruit, and had diagnosed aneurism of the innominate. The patient died subsequently from rupture of the sac into the trachea. The second was an Italian who complained of constant pain in the knee, with no others symptoms. Once while passing a catheter, Dr. Kelly got a pulsation transmitted through the instrument and on further examination diagnosed an iliac aneurism. The patient finally died. The third case was one of well marked aneurism with pulsation to the left, of the manubrium. The digitalis had for years given some relief. Finally he operated, tying the left subclavian in the 3rd part. From this the patient made a satisfactory recovery and for some time was somewhat improved. The trouble however developed again and in a few months the man died from external rupture.

Dr. Chambers cited a case of anuerism affecting the aortic arch and the innominate artery. From the size of the tumor, the pulsation etc., the diagnosis was not doubtful. The case had been treated for some time with large doses of iodide of potassium, as much as 6 drachms being given in 24 hours. Now he seems practically well, has no pulsation or bruit, and can attend to his daily work. With this case there is a history of syphilis which may explain to some extent the marked action of the drug. This however does not seem likely. Of course the cure may not prove permanent.

Dr. J. Whitridge Williams presented a paper on

PELVIMETRY FOR THE GENERAL PRACTITIONERS,

urging the importance of pelvic measurements in every case of pregnancy.

In the

DISCUSSION,

Dr. C. O. Miller related a case which was almost his first obstetrical experience. A woman was admitted into hospital who said she had been in labor for 24 hours. When first seen the pains were fair, and an examination short of pelvimetry had not disclosed to him the contracted condition of the pelvis. The child was finally born without artificial assistance, but subsequently died of trismus, supposed to have been induced by the prolonged pressure to which the head had been subjected. After examination, Dr. Lusk commenting on the case, said that had he been present, he would have probably operated, deeming it impossible for

the child to be otherwise delivered through such a faulty pelvis.

Dr. Neale thought he expressed the sentiment of the Society in thanking Dr. Williams for such a clear, concise and practical paper. The subject was directly pertinent to that most vitally serious question for the physicians, *viz* Cæsarean section vs. craniotomy upon the living fœtus. He believed that pelvimetry afforded one of the most scientific, and at the same time practicable and positive means of elucidating this question. As complex as the subject appeared, it should be remembered that the human hand was by far the best pelvimeter. We should strive to improve our knowledge of its use. In addition to the methods mentioned in the paper he had often measured the c. v. very accuratety during labor and especially under chloroform by passing the entire hand into the vagina, and crowding the extended fingers in juxta-position between the promontory and symphysis pubis. Unfortunately, however, there were several factors that invalidated the absolute accuracy of pelvic mensuration upon the living ex. qz. the size, the compressibility of the unborn fœtal head, and the condition of the soft parts.

Mutilated children at term had been extracted through pelves whose true conjugates measured only 28 m.m. (1.07 inches) Pajoto, (Charpentier, P. II, p. 750, 1) and the mothers survived, but Dr. R. P. Harris says: "It is generally agreed, that the alternative of craniotomy or Cæsarean section is imperative, where the c. v. is 2½ inches or less.

Dr. Gardner said that of 225 cases seen at the maternité in which external measurements were employed, only two had shown any marked pelvic contraction. One of these was a rachitic negro girl with general bone deformity, and in whose delivery he had anticipated much difficulty. The child was, however, born without trouble. The second case, also a negress, was in labor four days, with a markedly flattened (antero-posterior) pelvis. She was dilivered with some difficulty of a dead child, dead before admission.

Dr. R. B. Norment said that he hid not attempt instrumental measurements, but that he did endeavor to get some idea of the conjugate diameter. In the last three years he had seen only one case where he could reach the sacral promentory without introducing the hand into the vagina. In this case the conjugate was about 3½ inches. Instrumental interference was not considered advisable, and the child was finally without help born alive. He had never seen such a compressed head in the living child. An interesting point in this case was that after the third stage the uterus came above the umbilicus. It was firmly contracted, a case of genuine muscular hypertrophy. This woman has since been delivered of a dead child.

Dr. Howard A. Kelly remarked: So much has already been said, in favor of pelvimetry, with all of which I heartily confer, that I feel it would not now be out of place to cite a case, showing the dangers of pelvimetry.

A gentleman in Philadelphia, received at his clinic a slight woman in the last month of her pregnancy; and upon taking the pelvic measurement, he discovered that there was a distinct contraction in the conjugate diameter, he determined upon this discovery to perform Cæsarean section. I was asked to help him, and out of courtesy to make a preliminary examination some two or three days before the operation. I found the pelvis contracted, but the head had already partially engaged, and it was evident that there was no great disproportion between the passages and fœtal ovoid to be driven through them. Although my opinion as to the advisability of the operation was not asked, upon consulting Dr. Parish, who was also present, I determined to write the gentleman a letter stating my views plainly. I received in return, a very courteous reply, but the gentleman still adhered to his

opinion, as to the necessity of an operation. The day before the operation, however, I received a hurried note, stating that the little woman had just been delivered, she had passed through a normal easy labor.

This case shows that we cannot be too careful, within degrees of contraction which are not excessive, in bearing in mind that easy or difficult, labor is simply a question of proportion between a body and a canal through which it must pass.

Another case, one of Philadelphia's unrecorded Cæsarean sections, which I shall include in my next list, is the following, exhibiting on the other hand the danger of not understanding pelvimetry.

A small woman with a very contracted pelvis, called on a friend and classmate of mine in Philadelphia, and engaged him to attend her in her confinement. He did as all men should do under such circumstances, made a careful examination, and told her at once that it was impossible, that she should be delivered except by Cæsarean section. As she was returning home very despondent, she met an old, well-known country doctor on the road, who stopped her and asked her the cause of her trouble. She explained it to him, and he laughed at the idea, and told her to go home and he would attend her. Labor came on, and the old doctor was called, but the labor did not advance. The forceps were applied without effect, and another doctor sent for, who also did his best, without any effect; still another doctor arrived, and the baby was turned, and then with a doctor pulling at the woman's shoulders in one direction, and others pulling on the baby's feet and body in the opposite. Finally it suddenly gave way. The trunk and limbs flew out, but the head severed from the trunk stayed behind in utero. The doctors then had before them a very old obstetrical problem, which has troubled Mauriceau and many writers since his time. The problem how to deliver a loose head, bobbing about in the uterus. They found it was impossible, and what did they do, but perform a Cæsarean section to deliver the head? The baby was dead, and the mother soon added her life to the tragic scene.

If every graduate in medicine were only familiar with pelvimetry, some frightful errors would be spared. But it is impossible that everything a man should learn, should be taught in the two years' curriculum at the medical schools. This much ought to be borne in mind, that whenever it is possible easily to reach the promontory of the sacrum through the vagina, the case should be subjected to a careful, minute, further investigation, as the chances are that the labor will be an exceedingly difficult one, fraught with dangers to mother and child.

Dr. Rohé said that while he approved of internal pelvimetry he thought that perhaps better practical results would follow the study of external measurements. As to the size of the body about to be expelled, mentioned by Dr. Neale, he thought this very difficult to determine when most needed *i. e.* early in labor. He thinks too much stress has been placed on anterio-posterior narrowing of the pelvis, the variety most frequently encountered in this country. Delivery is possible in a markedly flattened pelvis. There is a wide margin between normal delivery and Cæsarean section, and herein lies the value of forceps. If these were used more frequently and earlier than usual, many bad results would be averted. He agrees with Dr. Neale as to the value of finger measurements, but considers accurate results difficult to obtain by their use.

Dr. J. Whitridge Williams' remarks at the meeting of the Clinical Society January 2nd. 1891.

I am glad to see that all the gentlemen who have spoken have more or less insisted upon the importance of pelvic measurements, and while they have differed in detail from me, have all had the same end in view.

In answer to Dr. Neale's objection that I placed the limit for the absolute

indication for Cæsarean section at too low a point—namely 5½cm. or 2¼ inches, I would say that the figure is not my own, for my experience is far too limited to permit me to express any independent opinion whatever: but it is the estimate of Litzmann; while Schroeder places it still lower—5cm. or 2 inches. The vast experience of these two men certainly entitles their opinion to far more weight than the theoretical and statistical estimates of Harris.

The method of measuring the pelvis directly: by introducing as many fingers as possible between the promontory and the posterior surface of the symphysis, is very old and was introduced by Osiander nearly 90 years ago.

Dr. Gardner's statement that he has only noted two cases of contracted pelvis in between 200 and 300 carefully measured cases is very surprising to me. And is due, I am sure, in the great part to the fact that he places far too much reliance on the external measurements to the exclusion of the more important internal ones. As I have already stated the external measurements do not afford us an accurate means of determining the size of the pelvis, and only gives us a clue to the variety of the deformity. The distantia spinarum and cristarum vary according to the angle which the iliac fossæ make with the walls of the true pelvis, and so equal measurements do not at all indicate equal internal distances. Indeed, with equal external measurements between the crests, the transverse diameter of the pelvis may vary by over 3 cm., as was shown by Scheffer.

Moreover, considerable diminution in these measurements may be of no importance, as was illustrated by a pelvis in my possession, in which these measurements are about 3cm. short of the normal, and still the pelvis has the proper internal proportions. More unreliable still is Baudelocque's diameter, which was shown by Michealis to vary 7 cm. or almost 3 inches in cases with a normal conjugata vera. These measurements should always be compared with the true conjugate before any conclusion is drawn from them as to the size of the pelvis. This applies particularly to the justo-minor pelvis, in which a slight contraction may almost escape our notice, unless we measure the conjugate. Just a short time ago, I attended a woman in a miscarriage with a generally contracted pelvis with a conjugata vera between 9½ and 10 cm., in which the external measurements were hardly diminished at all, but still this slight degree of contraction had been sufficient to affect all her previous labors, four in number, all of which had heen transverse or foot presentations.

I cannot agree with Dr. Norment as to the difficulty of reaching the sacral promontory without introducing the whole hand into the vagina. In my dispensary work I frequently measure the conjugata vera by simply using my index and middle fingers, and pressing up the perineum with the other fingers folded up against the palm of the hand, without causing the patient to complain at all. And in women at term, when all the parts are lax and readily distended, it is decidedly the exception that one has any great difficulty in measuring the diagonal conjugate by the use of two fingers.

I thoroughly agree with my friend Dr. Rohé that a wide margin does exist between the normal labor case and the absolute indication for Cæsarian section and consider his remarks concerning the application of forceps worthy of attention. Unfortunately as Dr. Rohé remarked, we are unable in most cases to estimate exactly the size of the fœtal head before and during labor; and for this reason, all statements concerning treatment can only be expected to apply to the generality of cases and not to refer to cases in which the head is unusually large or small.

Generally speaking then, I would say that I consider Dr. Rohé's advice to apply the forceps, as a tentative measure in all cases except those with the absolute indication for Cæsarean section, as only partially justified. In all cases with a conjugata vera between the normal 11cm. or 4½ inches, and 7½cm. or 3 inches, the

use of the forceps is most proper and cannot be too strongly advised.

But on the other hand, their use in pelves contracted within their relative indication, 3-2¼ inches, 7½-5½cm.), is to be deprecated most severely. What does the relative indication mean?

It means such a degree of contraction that, except in very exceptional cases, it is only possible to deliver the woman by craniotomy or Cæsarean section; and not that we frequently are able to deliver the child with high forceps. Such being the case, I cannot indorse the use of forceps in this degree of contraction, unless we are certified that the head is smaller than usual; for the operation will fail of its purpose and only serve to diminish the resisting powers of the patient for the operation that is sure to follow.

Such being the state of affairs in these cases, I am sure that most of us would hesitate to follow Dr. Rohé's advice.

The Society then adjourned.

R. B. WARFIELD,
Rec. Sect'y.

DISEASES OF THE VAGINAL MUCOUS MEMBRANE.

Dr. J. Neumann (*Deutsche Med. Wochenschr.*, No. 37, 1890), classifies the subvarieties of colpitis or vaginitis under seven heads: colpitis acuta diffusa, c. chronic diffusa, c. acuta papulosa, c. chronica papulosa, c. aphthosa, c. vesiculosa, and c. atrophica. He denies that the papulous form, which is not rare, arises from the follicles of the vaginal wall so that some have termed the affection colpitis follicularis. He finds that the very existence of follicles is doubtful; the few follicular structures which have occasionally been detected were probably abnormalities. On the other hand, the appearance of little elevations, the chief symptoms of colpitis papulosa, is frequent. The elevations are, in short, not follicles, but diseased papillæ; it has for long been admitted that papillæ naturally exists in the vaginal mucous membrane. Atrophic coltipis appears in two forms: the first is seen in multiparæ and women who have cohabited for many years, the second is essentially senile. In the first variety the papillæ became levelled down, the epithelium thickened, its superficial squamous cells disappearing, and the rete atrophies. In senile atrophic colpitis the epithelium undergoes the same changes, but the tissue of the corium, the smooth muscle fibres, and the vessels are all involved in the general atrophy of the part. Dr. Neumann refutes the usual doctrine that cavernous tissue is confined to the rugæ. Cavernous spaces are well diffused over the mucosa, especially after repeated pregnancies or chronic inflammation of the vagina.—*Brit. Med. Jour.*

THE TREATMENT OF SYPHILIS BY HEAT.

The treatment of various forms of syphilis by heat has been advocated even in very early times, but no thoroughly scientific observations on the subject are to be met with in medical literature. This fact has induced Dr. Kalashnikoff, with the sanction of Professor Tarnowsky of St. Petersbuag, to carry out some investigations on patients in the clinical wards under care of the latter. Several of these observations are described in the *Vrach.* The cases were all of skin affections of a papular or pustular character, due of course to syphilis, some of them having been treated in the ordinary way without result. Portions of the body affected were subjected to heat, and it was found that a marked improvement took place in those portions, and in those portions only. The time required for the purpose differed of course in different cases, and it appeared to depend on individual idiosyncrasies. About a month was enough in several cases. Occasionally after a cure had been effected by heat a relapse occurred, but this was by no means more frequently the case than it is when a cure has been effected by ordinary antisyphilitic remedies. Dr. Kalashnikoff promises a further paper upon the physiological action of heat locally applied.—*Lancet.*

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BALTIMORE, FEBRUARY 21, 1891.

Editorial.

ON THE ANTISEPTIC VALUE OF PYOKTANNIN.

Since the appearance of Stilling's monograph on the aniline dyes as antiseptics, much which contradicts his work has come in from various clinical sources. One of the most noteworthy articles is to be found in the Archives d'ophtalmologie, Tome Dixieme, No. 5, and is entitled, "De la Valeur Antiseptique des Couleurs d'aniline." The paper is written conjointly by Drs. E. Valude and Vignal, and from the high standing of the authors, their experiments may be regarded as specially trustworthy and valuable, both from a clinical and bacteriological point of view.

It may be well to state here that Stilling has described pyoktannin (a general term comprising both the yellow and violet aniline) as possessing properties very much akin to sublimate and more particularly is this seen in its behavior toward the pus organism.

Added to this property is that of great diffusibility which renders its action very efficacious. On the other hand the laboratory experiments of Vignal justify him in concluding that if the aniline colors were very diffusible, their antiseptic value would fall far short of that of sublimate and moreover their actual antiseptic power must be measured with a good deal of allowance.

Vignal took some sterilized tubes of bouillon and having introduced into them varying quantities of pyoktannin, proceeded to inoculate the tubes some with a culture of staphylococcus aurens, others with a culture of streptococcus, and some with a mixture of bacteria developed in a tube exposed to the air. He found that to prevent the growth of the streptococcus and staphylococcus aurens it was necessary to introduce 4½ grains of pyoktannin into the tubes, and to prevent the growth of the mixture of bacteria, 6 grains of pyoktannin were necessary. It required only 2-10 grains sublimate to accomplish the same result. If a smaller dose of pyoktannin is introduced, say from 4½ to 3½ grains, the bacteria which have been planted develop and form in the bottom of the vessel a violet or a yellow deposit, a fact which demonstrates that bacteria which are colored are not necessarily dead. It was proven that in order to kill the microbes, and not sim-

ply to prevent their growth, it was necessary to introduce into a litre of bouillon containing the above named bacteria, seven grains of violet pyoktannin or 19 grains of yellow pyoktannin, whereas ¾ of a grain of sublimate would effect the same result. It was also found that to kill the pus organism with a solution of 1-1000 violet pyoktannin, it was necessary to allow the organisms remain 1½ hours in the solution. The yellow pyoktannin was found to be still less active. A solution of sublimate ¼ as strong kills the pus organisms in two minutes. The laboratory experiments were still further prosecuted and comprise a most complete series of tests of the value of pyoktannin as an antiseptic. And from these experiments it is easy to see that the aniline dyes so much extolled by Stilling under the name of pyoktannin are very feeble antiseptics.

The clinical experiments, too, seem to have fallen far short of what one would expect from reading Stilling's paper. Valude tried for a long time a solution of 1-1000 in the lying-in hospital of Prof. Tarnier, and in ophthalmia neonatorum, such a solution was found to be absolutely worthless, indeed the secretions of pus in these cases seemed to be aggravated. The same may be said of catarrhal conjunctivitis. In a case of ulcus serpens of scrofulous origin, it failed to arrest the process, and it is just in this disease that Stilling says that it is particularly valuable. In one case of hypopyon keratitis in an old man, the condition was ameliorated by instilling a solution of 1-1000 into the eye four times daily.

Drs. Valude and Vignal both think that it acts better where it can bring into play its powers of diffusion which influences so markedly its antiseptic powers. Thus it succeeds in a corneal ulcer, because here it penetrates into the most minute vuscular ramifications of the cornea, whereas it is comparatively valueless in ophthalmia neonatorum, because in in this disease a vigorous antiseptic is necessary, and that too an antiseptic which will attack the infection on a large surface. Pyoktannin then is an antiseptic much inferior to sublimate, though there are cases where it may, thanks to its powers of diffusion, be used effectively. It would seem most effective when used in concentrated doses.

Recently Stilling has somewhat modified his views on pyoktannin, and in his last article on the subject he says "aniline colors are applicable principally to infectious ulcers capable of absorbing the diffusible medicament, and finally that the substance should be applied in a condensed form.

ON THE GERM-ORIGIN OF CANCERS AND OTHER NEOPLASMS.

The question whether cancerous growths are the result of the invasion of the body by foreign organisms or not is one, the difficulty of which is only equalled by its importance. Complete destruction of the growth by surgical means, which alone is worthy of confidence, results too often either in its recurrence in some adjacent part supposed to be healthy, or in the death of the patient. Various theories have been advanced to account for the origin of cancers, but it is well-nigh certain that the primary growth is due not to a general

disorder of the blood or other fluids, but to a local irritation of the part. Many physicians have suspected that the cause of this local irritation is the presence of some germ which has entered the tissues from without. But the cancer-cells, which were supposed to be common tissue-cells modified by their surroundings and by the irritation to which they might be exposed, revealed neither upon their borders nor within their outlines any such foreign germ.

Now, however, the bold assertion is made by some microscopic workers that the cancer-cells themselves are the foreign organisms. That they are not tissue-cells at all, but are parasitic organisms, belonging to that group of low forms of animal life called the Sporozoa, which have established themselves in and among the cells of the tissues and there propagated their kind.

These Sporozoa (Wright, *Canadian Practitioner*) are microscopic bodies of many different varieties. Some invade the tissues of insects, as the famous "pebrine" which causes the silk-worm disease; others find a home in the connective tissues and muscles of the hog and sheep, without disturbing the health of the animal; others still fasten themselves upon the skin and mucous membrane of aquatic vertebrates.

There are certain varieties of Sporozoa which, as the result of recent study, are known to cause disease in man. They are distinguished from those already referred to by certain peculiarities, and are grouped together under the name of "Coccidia." Their life is mostly passed within the cells of the host, where they exist as parasites, but they have a brief, free or wandering phase, which permits invasion of new hosts or new cells of the old host. The best known of these coccidia is that form which is found in caseous nodules and cysts of the rabbit's liver. In these nodules or cysts, the parasite exists in an encapsuled, inactive state, but, after it is expelled from the intestines, each capsule develops several free crescentic spores, which, entering the intestine of a new host, penetrate the epithelial cells of the bile-ducts and after devouring the contents of these cells become encysted and inert. Several cases have been recorded in which man has been the host. In one case hydatid tumors of the liver were suspected, but after death some 20 cysts were found, one six inches in diameter, full of coccidia. Probably caseous cysts of the liver are frequently of this nature.

Another form found in man invades the nuclei of the liver-cells, distorts them, and after encystation and sporulation finally causes pigmentary atrophy and total disappearance of the cells. This, added to the reflex irritation which they excite, may lead to cirrhosis and icterus. Here the inexperienced pathologist may err, describing as "accessory nuclei," "plasmones," etc., of the normal tissues, bodies which are really developmental stages of coccidia.

Molluscum contagiosum in man is due to the invasion of the cells of the malpighian layer of the epidermis by coccidia, which there undergo sporulation, and finally encystation. The "molluscum corpuscle" is formed by cornification of the remains of the invaded cell around the coccidium-cyst.

Keratosis pilaris is likewise caused by the presence of coccidia.

But to come to cancer.

Paget's Disease ("chronic eczema of the nipple") is known to end, in many

cases, in cancer of the breast. Darier has shown that in Paget's disease the epithelial tissues, ducts and acini are full of coccidia, which grow to full size in the tissue cells and sporulate in situ. The natural inference is that the cancer which follows this disease is likewise due to coccidia.

Furthermore, from direct microscopic examination of sections of epithelial cancer, several distinguished authorities have become convinced that the intracellular bodies seen in the centre of the "nests" of epithelioma are not the result of colloid or mucoid degeneration of the cell-matter, but are coccidia, which have invaded the cells and flourished while the surrounding tissue cells have become flattened and cornified. Pfeiffer, in writing upon the Sporozoa, gives the case of a girl of fifteen who died of general carcinosis. The growths in breast and mesentary exhibited coccidia in both the protoplasmic and the sporulating stages.

Reviews, Books and Pamphlets.

"The Atmospheric Tractor."—We have received a sample of the atmospheric tractor, but have not yet had the opportunity to test it. We are not inclined to think it will fulfil all the claims of its inventors, but it is certainly simple, safe and ingenious, and will doubtless be of use in certain cases.

Annual Report of the Supervising Surgeon General of the Marine Hospital Service of the United States for the fiscal year 1890.

The report of the work done last year, contains 380 pages of intesesting matter to the physician; with many good illustrations of the arrangements and views of many of the best equipped hospitals of Europe. The public health, leprosy, the hygienic laboratory, interstate and national quarantine, are described in good articles.

Most interesting are the description of selected cases from hospital practice, reports of surgical operations and the report of fatal cases, with autopsies. Reports on the management of marine hospitals service statistics, and statistical tables are of course not so valuable to the average reader. The whole work shows that great care has been taken in its compilation.

The Franklinic Interrupted Current, or, My New System of Therapeutic Administration of Static Electricity. By William James Morton, M. D. Reprinted from the *Med. Record,* Jan. 24, 1891.

Surgical Relief for Biliary Obstruction. By Henry O. Marcy, A. M., M. D., LL. D. Reprinted from the *Jour. of the Amer. Med. Asso.,* Dec. 20, 1890.

A Death Caused by a Uterine Dilator, with some remarks as to the proper method of using the uterine dilator. By Howard A. Kelly, M. D. Reprinted from the *Amer. Jour. of Obs., and Dis. of Women and Children,* Vol. XXIV, No. 1, 1890.

Posterior Displacement of the Uterus. Remarks upon pathology and treatment. By Isaac S. Stone, M. D. Reprint from the *Transactions of the American Asso. of Obstetricians and Gynecologists,* Sept. 1890.

In What Class of Wounds Shall We Use Drainage? By Henry O. Marcy, A. M., M. D., LL. D. Reprinted from the *Transactions of the Amer. Asso. of Obstetricians and Gynecologists, Sept.* 1890.

Special Consular Reports. European em-

igration. Studies in Europe of Emigration moving out of Europe, especially that flowing to the United States. By F. L. QUIGLEY, issued from the Bureau of Statistics, Department of State, Washington.

Reports from the Consuls of the United States No. 122, Nov. 1890. Bureau of Statistics, Department of State.

Medical Progress.

HYSTERIA AND ORGANIC DISEASE.

As our knowledge of organic disease widens and deepens the number of cases relegated to the indefinite if convenient limbo of "hysteria" will no doubt become fewer and fewer. In a recent number of the *Charitè Annalen* the details of a very instructive case in this relation are recorded. The patient was a woman of 31, who, after an attack of typhus fever at the age of 21, began to suffer from a gradually increasing anæsthesia, concentric contraction of visual fields, color blindness, and disturbance of special senses. The patellar reflexes were present. The manner of the patient was marked by apathy, and sleep was induced by merely closing her eyes. There was much emaciation, the apathy became still more marked, and finally before death she was delirious, with hallucinations and delusions. The case was regarded clinically as one of hysteria, with subsequent mental disturbance, but at the necropsy an astonishing condition of things was found. There was tubercle in the lungs, the larynx, and the intestines, degeneration in the posterior columns of the cord, and myelitis in those columns in the cervical region. Such a condition with retained knee-jerk is certainly unusual. But there were also changes in Clarke's column, a congenital fissure in the medulla oblongata, and degeneration in the nuclei of the cranial nerves, the peripheral nerves showing no change. That so many changes in the nervous system should be present without obtruding themselves in such a way as to make possible a diagnosis other than the unsatisfactory one of hysteria is certainly strange. The case is of great inportance, as affording a warning that hysteria is not to be diagnosed without the utmost care in excluding every possible form of organic disease. —*Lancet.*

KOCH'S FLUID IN TUBERCULOSIS OF THE EYE.

At the meeting of the Berlin Medical Society on January 21st, Dr. Albrand (*Berlin klin. Wobhenschr.*, January 26th, 1891), gave a demonstration of the effect of the action of the Koch fluid in a case of conjunctival tuberculosis in which the disease was very well localized. The glands near the ear and the jaw were somewhat swollen, and small nodules were found in the conjunctiva of the outer sections of the lids. There was no tuberculosis of the lungs. At the age of 17, these small growths had first made their appearance; they were grey, from 2 to 5 millimetres in diameter, but at one point there was a small yellow ulcer. In one of these nodules that had been excised, tubercle bacilli were found, and a small piece of the excised tissue placed in the anterior chamber of the eye of a rabbit gave rise to a tuberculous iritis. The patient was treated by galvano-cautery early in 1890, and was dismissed. In December the tuberculosis had again made its appearanc around the scar, and the patient was injected by Dr. Hertel, of the Charité; there was only slight dulness at the right apex of the lung, but after the injection dyspnœa and cough were very marked symptoms: but, as these occur even in healthy people, not much notice was taken of them. There was moderate reaction when a centigramme of the fluid had been injected: after injections of from 0.015 g. to 0.04 g,, swelling and puffiness of the conjuntiva and general reaction occurred, and

the yellow and grey points increased in both size and number, gradually becoming confluent. After the injections of doses of 0.15 g., local and general reaction became less marked, and finally disappeared entirely. The conjunctiva became pale, and very suddenly the grey and yellow points disappeared. In the same way the swelling and redness of the glands at the angle of the jaw and near the ear became greater as the doses were increased; but after the extreme dose had been given the reaction diminished, and the glands remained moderately swollen. Near the scar there developed a purulent and spongy granulation tissue, which was removed with the spoon. The glands were treated in a similar fashion, and in both portions of the removed tissue tubercle bacilli were found.

O. Königshöfer and E. Maschke (*Deutsche Med. Wochenschr.*, January 8th, 1881), report eight cases of various affections of the eye supposed te be of tuberculous nature in which Koch's remedy was employed in the Ophthalmic Institute at Stuttgart. The cases included one of serous iritis, one of multiple nodosities of the eyelids resembling chalazion; one of pseudo-granular conjunctivitis of two years' standing, complicated with pannus and superficial ulceration of the cornea; one of interstitial keratitis; and four of ulcerated cornea in strumous children. In all these patients, except the one suffering from pseudo-granular conjunctivitis, injections of from ½ to 1 milligramme were followed by well-marked general and local reactions, the latter coming on, as a rule, after the onset of the former. In the cases of ulcerated cornea the local phenomena presented a close analogy to those seen in lupus. The purulent secretion and hyperæmia of the conjunctiva were notably increased, and phlyctenulæ appeared in places which previously seemed to be quite healthy; the ulcers then became clean, and healed rapidly. At the date of the report the four cases of ulcerated cornea were almost completely cured, and the other case considerably improved. By way of control the fluid was injected into two patients suffering from syphilitic iritis, with an absolute negative result. The authors point out that Professor Sigel, of Stuttgart, was the first to employ injections of Koch's fluid in the corneal ulcers in strumous children. By one injection of half a milligramme without any other treatment, he quickly cured an ulcer of the cornea in a child with enlarged glands.—*Brit. Med. Jour.*

THE RHYTHMIC ACTION OF THE HEART.

From some researches made by Dr. Hamel, under the direction of Professor Kronecker, of Berne, on the circulation and the pulse, some new facts have been added to our knowledge on the subject. The vascular system of animals (frogs and crabs) was connected with an artificial heart, and it was then found that the more nearly the natural condition of intermittent pumping was imitated the blood could be driven through the vessels. When continuous pressure was employed, less blood was caused to circulate, but, on the other hand, there was a greater tendency to injury of the vessels, permitting exudation of fluid into the surrounding tissues, and thus causing œdema. It would appear that the elasticity of the arteries is kept up by the rhythmical dilation they undergo. Henricius and Kronecker have also shown that the regular movements of respiration act as a kind of beneficial massage on the heart muscle, and it is sugested that the rhythmical movement of the pulse may act in the same way on the arterial walls.—*Lancet.*

The money value of the perineum came very near being judicially determined by a Kansas City court. A physician of that town was sued for $11,000 damages because he allowed the perineum of the plaintiff to be ruptured and did not subsequently sew it up. The plaintiff withdrew the case.

Medical Items.

The King of Greece has named Professor Bronardel, the eminent French medical jurist, Commander of the Order of the Saviour.

Lice and other parasites are removed from the hair quicker and better by a decoction of quassia, to which a little borax and glycerine have been added, than by almost any other known means.

At the annual meeting of the Medical Society of the State of N. Y., held on the 3d, 4th, and 5th inst., the following officers were elected for the ensuing year; President, Dr. A. W. Suiter, of Herkimer; vice-president, Dr W. W. Crandall, of Wellsvile; secretary, Dr. F. C. Curtis, of Albany; treasurer, Dr. C. H. Porter, of Albany.

Surgeon Henry M. Martin, retired, died at Philadelphia on January 16th. He was commissioned in 1870 and became full surgeen fourteen years later. His last tour of sea-duty was in the Swatara, in the Asiatic squadron, 1887 to 1890. He returned in ill-health a few months ago. He received his retirement in December last.

It is reported that much interest is manifested in Paris in regard to the goat's-blood cure for tuberculosis, advocated by Bertin and Picq of the Nantes faculty. They have injected goat's blood into different patients, and now asserts that cures can be brought about by renewing such injections every ten days.

Professor Rudolf Virchow's seventieth birthday will be celebrated with due honor on October 13th of this year. Professor Waldeyer, Drs. W. Reiss, Bartels, Langerhaus, Ad. Meyer, and Professor B Fraenkel have issued a circular inviting friends and admirers of the great pathological anatomist to subscribe to a gift of honor, which is to take the shape of a golden portrait medal (about 19 centimetres in diameter).

An Army Medical Board will be in session in New York City, during April, 1891, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the Board. Further information regarding the examinations may be obtained by addressing C. Sutherland, Surgeon General U. S. Army, Washington, D. C.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM FEBRUARY 3, 1891, TO FEBRUARY 16, '91

Leave of absence for one month, to take effect on or about Feb. 10th inst., is granted Assistant-surgeon R. W. Johnson, U. S. Army.

Leave of absence for one month, to take effect on or about Feb. 15, 1891, is granted Major William D. Wolventon, surgeon, U. S. Army.

Capt. Louis M. Maus, Assistant surgeon, is relieved from further duty at Fort Stanton, N. M., and will report in person to the commanding officer Whipple Barracks, Arizona, for duty at that station, relieving Capt. Richard W. Johnson, Assistant-surgeon. Capt. Johnson on being relieved by Capt. Maus, Assistant-surgeon, will report in person to the commanding officer, San Carlos, A. T., for duty at that station.

Lieut.-Col. Charles C. Byrne, surgeon, is relieved from duty at Fort Sam Houston, Texas, and will report in person to the commanding general, Department of the Columbia, for duty as medical director of that department, relieving Col. Bernard J. D. Irwin, Surgeon. Col. Irvin, on being relieved by Lieut.-Col. Byrne, will proceed, via San Francisco, Cal. to St. Louis, Mo., and report in person to the commanding general, Department of the Missouri, for duty as medical director of that department, relieving Col. Charles Page. Assistant Surgeon-general. Col. Page on being relieved by Col. Irvin, will report in person to the commanding general, Division of the Atlantic, for duty as medical director of that division.

Captain William Stephenson, Assistant Surgeon, will proceed without delay from Columbus Barracks, Ohio, to Fort Wayne, Michigan, and report in person to the commanding officer of that post for temporary duty, and upon the completion thereof will return to his proper station.

Major Calvin DeWitt,surgeon, is relieved from duty at Port Hancock, Texas, and will report in person to the commanding officer Fort Sam Houston, Texas, for duty at that station

Leave of absence for one month, with permission to apply to the Adjutant general of the Army, for an extension of one month, is granted Captain Alonzo R. Chapin, Assistant surgeon, Fort Yates, N. D.

The leave of absence for seven days granted to Captain William B. Davis, Assistant-surgeon, U. S. Army, by orders No. 2, Fort Preble, Maine, Feb. 4, 1891, is hereby extended 23 days, with permission to apply to the Adjutant-general of the Army for a further extension of one month.

Captain James C. Merrill, Assistant-surgeon, is relieved from duty at Fort Reno, O. T., and will report in person at the earliest practicable date to the Surgeon-general, U. S. Army, in this city for duty in his office.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING FEBRUARY 14, 1891.

P. A Surgeon E. W. Anzal detached from U. S. S. Boston, and to U. S. S. Lancaster.

P. A. Surgeon T. C. Craig detatched from U. S. S. Vesuvius, and to U. S. S. Boston.

Assistant Surgeon W. C. Braisted detached from Hospital, Hot Springs, and to U. S S. Vesuvius.

P. A. Surgeon H. B. Fitts ordered to the Army and Navy Hospital, Hot Springs.

Assistant Surgeon W. F. Arnold ordered to the U. S. Receiving ship Vermont.

Assistant Surgeon N. J. Blackwood detached from the U. S. S. Vermont, and to Newark.

P. A. Surgeon Richard Ashbridge ordered to the Navy Yard, New York.

Assistant Surgeon J. H. North detached from New York, and to the U. S. S. Lancaster.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING FEB. 7, 1891.

H. W, Sawtelle, surgeon, detailed as member of Board Revenue Marine Service, Jan. 26, 1891.

H. W. Austin, surgeon, detailed as chairman of boards for physical examination of Officers of Revenue Marine Service, Jan. 28 and Feb. 6, 1891.

W. A. Pettus, P. A. Surgeon, detailed as Medical Inspector of Immigrants, port of Boston, Mass , Jan. 29, 1891.

G. M. Magruder, P. A. Surgeon, detailed as recorder of boards for physical examination of Officers of Revenue Marine Service, Jan. 28 and Feb. 6, 1891.

J. J. Kinyoun, P. A. Surgeon, detailed for special duty at Berlin, Germany, Jan. 26, 1891.

J. F. Groenevelt, Assistant Surgeon, to proceed to Cape Charles Quarantine for temporary duty, Feb. 7, 1891.

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VOL. XXIV. No. 18. BALTIMORE, FEBRUARY 28, 1891. NO. 518

CONTENTS

ORIGINAL ARTICLES.

The Differential Diagnosis and Treatment of Multiple Neuritis. By Geo. J. Preston, M. D. 375

Anæmia and its Treatment. By Joseph Gichner, M. D. 381

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Jan. 16th, 1891. Lumbar Hernia. The Clinical Aspects of Arterio-Sclerosis. The Cerebro Spinal Relations to Arierio-Sclerosis. The Results of Eye Examination in Dr. Preston's Cases. Discussion. Extensive Arterio-Sclerosis due to Syphilis. 384

EDITORIAL.

Medical Education, Medical Colleges and the Regulation of the Practice of Medicine. . 388

REVIEWS, BOOKS AND PAMPHLETS. . . . 390

MEDICAL PROGRESS.

Repairs of Defects in the Mucous Membranes. "Reflex Epilepsy."—Treatment of Nasal Diphtheria.—Drainage of the Ventricles in Hydrocephalus.—Removal of the Uterine Appendages for the Cure of Ovarian Insanity.—Further Experiences with Tuberculin. . . . 391

MEDICAL ITEMS. 395

Original Articles.

THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF MULTIPLE NEURITIS.*

BY GEORGE J. PRESTON, M. D.

Professor of Physiology, and Clinical Professor of Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

Multiple neuritis, poly-neuritis, peripheral neuritis are synonyms employed to denote an acute, inflammatory affection of the peripheral nerves. In looking over the older Medical Literature, one can find cases described, which were evidently of the nature of the affection under consideration, but no clear account of the disease with the postmortem appearances is to be met with prior to the case reported by Duchenne in 1864. He gave a full description of this case with a careful report of the autopsy, and a year or two later reported another case, announcing his belief that many cases of paralysis were due to affection of the peripherial nerves. Cases were afterwards reported by Eisentohr, Eichhorst, Leyden, Joffroy and others. Not until recent years, however, through the labors of Grainger, Stewart, Lancerean, Allen Starr, Buggard, Ross and others, has the disease become generally known. The object of this paper is chiefly to show how difficult often, the diagnosis of multiple neuritis is, and how easily it may be confounded with certain other affections, especially when it is met with in its late stages after recovery has advanced to a certain point. It is necessary however, for the clear understanding of the disease to glance for a moment at the ætiology and pathology of this interesting affection. By far the most potent factor in the production of the dis-

*Read before the Medical and Chirurgical Faculty at their Semi-Annual meeting held at Cambridge, Md., Nov. 11th and 12th.

ease, and the most frequent and best known cause is alcohol.

The frequency with which habitual consumers of alcohol are attacked with peripheral paralysis, has long been recognized. It is remarkable how often motor and sensory disturbances can be observed in such cases if systematically looked for. I have recently made a number of interesting observations on chronic alcohol drinkers testing the reflexes and sensation of all the cases met with, and in an overwhelming proportion of cases have found more or less indications of affection of the peripheral nerves. In the same category with the cases caused by alcohol may be placed, those due to poisoning by lead, the most frequent, arsenic, illuminating gas and other agents. We find multiple neuritis following certain infectious and other diseases as typhus and typhoid fever, small-pox, diphtheria and tuberculosis, especially the two latter. Perhaps syphilis may be added to the list. There are a large number of cases for which we can find no cause and are generally attributed to cold and dampness, over-exertion and the causes generally, which seem to be provocative, to a certain extent, of acute cord lesions, as myelitis. Finally we must include that curious disease found in Japan, certain parts of Brazil and some of the island in the China Sea, know as Kaké or Beriberi. This affection presents the symptoms of multiple neuritis, and many autopsies have confirmed the seat of the lesion to be the peripheral nerves. It is, perhaps, due to a special micro-organism, and bears some resemblance to malarial affections.

A mere glance at these various ætiological factors is enough to show us that very different causes may produce practically the same result, whether it be alcohol, lead, an infectious disease or a special mircro-organism, the pathological appearances are much the same, and the symptomatology sufficiently similar in the different varieties to warrant our including them all under the same head.

A word as to the pathology and pathological anatomy. There is perhaps no special difference between the degeneration of nerve fibres occurring in multiple neuritis, and that seen after other degenerative processes, or after nerve injury. There is first a disintegration of the myelin which breaks up and collects in drops, presenting a characteristic appearance under the microscope. As the degenerative process advances, the axis cylinder becomes involved, and finally destroyed. It would seem that this degenerative process includes two varieties, one in which the entire nerve structure is attacked by a general diffuse inflammation, the other in which the sheath of Schwann is first involved, and the consequent hyperplasia of connective tissue produces compression, and finally destruction of the other nerve elements. It is to be noted that the peripheral branches are the first to be affected, and show more marked changes than those parts of the nerve nearer the cord. The nerves of the extremities, as a rule, are alone affected, though occasionally the pneumo-gastric, phrenic, facial and hypoglossal suffer. It is true that occasional cases have been observed in which the degenerative process extended to the cord, and involved slightly its cellular elements. The muscles show simple degenerative atrophy.

The process of regeneration, a subject not very clearly understood, and concerning which there is some dispute, certainly takes place in a great majority of the cases of multiple neuritis.

The symptomatology of multiple neuritis, thanks to many carefully reported cases occurring in journal literature of late years, presents a fairly distinct picture. The disease is rather more common in males than in females, if we leave out the alcoholic cases, which curiously enough predominate in the latter.

The affection usually begins in an acute manner, with fever, which may reach 103° or 104° F. Sensory sympoms appear almost at once; tingling "pins and needles," burning and often distressing pain. The pain follows the course of the nerves which are very sensitive to

pressure, and the muscles become tender to the touch. Very soon anæsthesia shows itself, which may be moderate or profound. The pain is felt most severely in the extremities of the limbs. Muscular sense may be decidedly implicated. Motor paralysis comes on rapidly. It may begin in either upper or lower extremities, following the distribution of the nerves. Rarely the muscles of respiration are effected. Cases have been reported in which the pneumo-gastric, phrenic, hypoglossal and facial nerves have been involved. The paralysed muscles soon begin to atrophy. Tendon reflexes are lost early, and the muscles respond not at all to the Faradic current, or only to a very strong current, and only to strong galvanic currents. There is usually double wrist and foot drop. Œdema is not infrequently observed. Bed sores and other trophic phenomena are rare.

The course of the disease is very irregular. After about a month, the symptoms become stationary. This stationary period may extend over several months, and then improvement set in. It usually takes some months, often more than a year before recovery is complete. A fatal result is not common from the disease itself, and when it does occur, is due, generally to involvement of the respiratory muscles or pneumogastric or phrenic nerves.

The differential diagnosis between multiple neuritis and affections which resemble it. is by no means always easy, and it is to this point that attention is specially directed in this paper. When the case is seen in its acute stage, or when the history is clearly given, the diagnosis is generally easy. On the other hand, when the case is not seen until all the acute symptoms have disappeared, or when improvement has begun, it is very easy to confound the affection under consideration with certain cord lesions. The disease with which it is perhaps oftenest confounded is polio-myetitis in the adult, (perhaps children). This affection is very like the infantile affection, its pathology being the same, and its symptomatology very similar, so that it is doubtful whether we should separate them as is usually done. The following cases will show how closely the symptoms of multiple neuritis correspond to those of poliomyelitis.

Case 1. Female, aged 25. Has always been healthy. Family history good. Temperate. Thinks a fall that she had from a carriage had something to do with the subsequent disease, but this is improbable. In September, 1888, was taken suddenly ill with fever, and intense pains in limbs. Lost strength so rapidly that in 3 or 4 days she could hardly stand. Anæsthesia then began and was very general. Muscles soon began to waste. Patient came under my care at the Good Samaritan Hospital, March 1, 1889, or about six months after her illness began. Resembled a case of progressive muscular atrophy, in its last stages, so great was the wasting. Had weighed nearly 200 pounds, and was now not over 100 pounds weight, if that. Extremities wasted away to such an extent that the limbs appeared to consist of skin and bone. Muscles of the face were also atrophied. Double wrist and foot drop. Could not hold up her head. Was not able to turn in bed or feed herself. Some anæsthesia of the extremities remaining. No reaction to the strongest faradic, and but slight reaction to strongest galvanic current that could be borne.

From the history of the case, the pain following the course of the nerves, the anæsthesia, and the electric reaction, with absence of symptoms of cord lesion, a diagnosis of multiple neuritis was made. Patient was given strychnia in increasing doses, electricity and massage were regularly and systematically employed, and she made a rather slow, but perfect recovery. In about 10 months after treatment began she was perfectly well.

Case 2. Female, aged 26. Patient presented herself at the polyclinic with a history of having been ailing for several

years. Was greatly emaciated. Double wrist and foot drop. Could not stand or walk without assistance. Reflexes were almost entirely abolished, as well as I can remember, for the notes of the case are very imperfect. No note as to sensation. Strong Faradic current applied to flexors, produces slight contraction; no response when the current is applied to extensors. Examination showed blue lines on the gums, and patient confessed to using white lead as cosmetic. Diagnosis: multiple neuritis due to lead poisoning, under appropriate treatment patient recovered perfectly.

Case 3. Male, aged 38. Good family and personal history, temperate in his habits, says he never recovered entirely from the "grippe" which he had in the winter. Last June was taken ill with pains in his limbs and gradual loss of stength, with atrophy of the muscles rapidly following. Came to City Hospital in September, presenting a typical picture of multiple neuritis. Extremities particularly the lower greatly wasted, unable to stand or walk, reflexes totally abolished, sensation very markedly impaired and over the distribution of some nerves entirely lost. Slight loss of muscular sense, pains in the limbs, over course of nerves and in the muscles. He was discharged last month entirely cured. Bearing in mind these fairly typical cases, the following are the points of differential diagnosis between the affection under consideration and polio-myelitis of the adult. In multiple neuritis the onset of the paralysis is more gradual and symmetrical; pain is generally a prominent symptom; both general muscular pains, and pain on pressure upon the affected nerves, and anæsthesia well marked as a rule. In polio-myelitis the paryhsis is very sudden, and generally groups of muscles are affected at random, with no relation to their nerve supply, there is never any marked pain, never any tenderness along the course of the nerves, and no affection of sensation. In multiple neuritis if the case is severe, atrophy of the muscles begins rather sooner than in polio-myelitis, in which there is usually a decided peirod of stasis after the paralysis, befose the atrophy commences. Contractions following the atrophy are much more common in polio-myelitis than in neuritis. There is a slight difference in the electrical reaction. In both diseases the faradic current gives no contraction, but in neuritis a very much stronger galvanic current is required to produce contraction of the muscles, than is necessary in polio-myelitis. Sometimes in this latter disease we find great suceptibility to the continuous current, in the early stages, with marked difference in the two poles, reversing the normal reaction.

Two other forms of muscular atrophy are to be borne in mind in making the differential diagnosis, namely chronic muscular atrophy and idiopathic muscular atrophy. The only danger is in confounding them with cases of neuritis that have gone on to great atrophy, and when these latter cases are seen very late in the course of the disease, and no clear history can be obtained.

If a good history can be gotten, mistakes in diagnosis are not apt to be made. The course of multiple neuritis is acute or subacute, while in the other named diseases, the onset and course is exceedingly chronic. In the latter diseases we have no pain or interference with sensation, and the gradual atrophy attacking certain groups of muscles, and then slowly extending to others is most characteristic. There are a few other rare forms of atrophy that need not be mentioned, as they are not at all apt to be confounded with neuritis.

There are certain cases of multiple neuritis that present a picture not unlike that of locomotor ataxia, and mistakes may occur in differentiating between the two. After a case of multiple neuritis has partly recovered, the diagnosis between it and locomotor ataxia is not always easy, unless we consider carefully the previous history of the two.

Case 4. Male, aged about 40. Presented himself at polyclinic, and was first seen by my assistant, who made a diagnosis of locomotor ataxia. Patient gave a rather indistinct history of pains and ataxia. Incoordination was not marked, knee-jerk totally abolished, slight loss of sensation, pupils sluggish and contracted. The fact there had been no interference with vesical, rectal or sexual functions, that Argyl Robertson pupil was absent or not marked, that coordination was only slightly impaired, and that the history of the disease was not at all that of locomotor ataxia, led to the diagnosis of multiple neuritis which had practically recovered, a diagnosis which was confirmed by learning that the man had been in hospital with a marked case of acute multiple neuritis, some months previous to his visit to the polyclinic.

Case 5. Male, aged about 45. Was picked up on the street drunk, and sent to City Hospital. Had marked delusions of a characteristic kind, would give every morning a distinct account of a visit he had paid to some place in Ireland the night before. Complained of pains in his legs. Knee-jerk abolished. Pupils almost insensitive to light, and accommodated only slightly for distinct objects. Ataxia was so pronounced that for the first month he was in Hospital he could hardly walk or stand. Could not stand with eyes closed. Muscular sense was greatly impaired. Slight loss of strength and a little anæsthesia. He gradually recovered, though his mental condition was not by any means perfect, when he left the Hospital. This was a marked alcoholic case.

Case 6. Male, aged 38. Seen at City Hospital. Gave history of having had pains, ataxia, loss of knee-jerk, loss of sensation, loss of muscular strength with some atrophy about a year and a half ago. A diagnosis of locomotor ataxia had been made by a well-known physician. The man is now practically well, and able to attend to his business. Knee-jerk can be obtained only with difficulty, and there is still some slight loss of sensation. All the other symptoms have disappeared. The man had been very intemperate, and the history of his case, with its subsequent course have no doubt about its having been multiple neuritis of alcoholic origin.

Case 7. Female, aged about 45. Has very marked ataxy, resembling closely that of a late stage of locomotor ataxia, absolute loss of knee-jerk, irregular anæsthesia, slight loss of power and Argyl Robertson pupil well marked. Opthalmoscopic examination showed a normal disc. The case would almost certainly be diagnosed tabes, but for the history which was that of an acute affection, rapid loss of strength, in a few days after the onset of the disease she was unable to walk, pain and anæsthesia confined to the lower extremities mainly, with some wasting, and no involvement of bladder or rectum. During the past three or four months she has improved greatly, and her improvement has been most marked while she has been in the City Hospital.

Of course when the case is seen early there is no likelihood of confounding neuritis and tabes, but the above cases show that there is a close resemblance between tabes and late cases of neuritis.

We must rely a good deal on the history of the case. In multiple neuritis we have the history of an acute or subacute affection, with paralysis coming on in a few days, anæsthesia which is often absolute, pain along the course of the nerves and muscular soreness, followed in a short time by the loss of electro contractility and muscular atrophy, with a strong tendancy to recovery in a comparatively short time. All these symptoms are absent in locomotor ataxia. In this latter affection we have as distinguishing symptoms: girdle sensation, lightening pains, loss of sexual power, interference with bladder and rectum, and optic neuritis and atrophy, with Argyl Robertson pupil and the special trophic disturbances as perforating ulcer and Charcot's joint, and normal electric

reaction. In case 7, the pupil phenomena were those of tabes, a fact that I have not seen mentioned in any reported cases of multiple neuritis.

Common to both affections are loss of knee-jerk, ataxia, numbness and tingling, general pains, and loss of sensation (marked in neuritis, slight in tabes).

Mistakes do undoubtedly occur in making the differential diagnosis between these two affections.

Diffuse myelitis, a rare affection, presents many symptoms in common with multiple neuritis. In the latter affection we have no tender spots over the spine and no affection of bladder and rectum, symptoms which are met with in the former. Occasionally we see cases which bear some resemblance to a transverse myelitis in the lumbar region.

Case 8. Female, aged 20. Gives history of difficult labor, with perhaps some pelvic cellulitis following and associated with hysterical attacks. Shortly after her confinement she was taken ill with great pain in limbs and gradual loss of strength. Had absolute anæsthesia, and muscles soon began to waste. When she came to City Hospital, was unable to bear any weight on legs, knee-jerk absent, some loss of sensation, double foot drop with contractions, and great wasting, involving mainly the leg muscles. She remained in Hospital a few months during which time she improved slowly. A favorable prognosis was given and she returned to her home. I received a letter from her a few days ago, or about four months after she left the Hospital, in which she says she has practically recovered. Absence of girdle sensation and of tenderness over spine and bladder and rectal involvement, with presence of tenderness of muscles and pain along the course of the nerves are the distinguishing points. It is hardly necessary to mention, that very rare disease, Landry's paralysis, which may be confounded with multiple neuritis. I reported recently a case of this curious affection which resembled closely multiple neuritis, except that there was preservation of the reflexes and normal electro contractitility. Generally in Landry's paralysis sensation is not affected, but is is occasionally involved, as in the case refered to. I have seen one case of multiple neuritis of alcoholic origin in which the symptoms seem to have been confined to the arms.

It must be that occasionally, as has been pointed out, the inflammatory process may pass to the cord and involve its cellular elements. We may also have, as Starr has pointed out, a multiple neuritis in the course of other affectiions, notably myelitis and tabes.

From the above cases, which have been condensed in the reporting, it may be seen that the diagnosis of multiple neuritis is by no means always easy, especially if the case be seen late. Yet careful attention to the history of the case, and a minute scrutiny into the individual symptoms will generally clear up the doubtful cases. It is important that a correct diagnosis be made, for two reasons. First, because the affections with which multiple neuritis is liable to be confounded; offer an almost hopeless prognosis, while in multiple neuritis, the prognosis is very favorable. Second, multiple neuritis is very greatly influenced by appropriate treatment.

The rules for treatment are simple. In the acute stage, the patient should be kept perfectly quiet in bed, on moderately light diet. Morphia may be required to relieve the pain. I prefer to put the patient at once on a combination of bromide and iodide of patash, in doses of gr. xx of former, and gr. x of the latter, three times daily. Starr recommends the Salicin compounds in this stage. The limbs may be wrapped in flannel or oil silk, and very gentle friction or evaporating lotions employed; a douche, sometimes hot, at others cold, according to the sensations of the patient is often beneficial. This treatment should be continued un-

til the acute stage has passed. If the disease has been the result of poisoning by alcohol, lead, arsenic and the like, care should be taken that these substances no longer enter the system. In the case of alcohol this precaution is very necessary, for such patients are apt to continue its use unless they are placed under very close surveillance.

When the chronic stage has become established, that is to say the pains and anæsthesia passing off, and atrophy beginning, strychnine should be given in increasing doses, from gr. $\frac{1}{40}$ to $\frac{1}{20}$. A ferruginous tonic is often called for. Cold douches are found to be very valuable in this stage and systematic massage should be practiced. Electricity is of very great use in this stage of the disease. It should never be applied early, except very weak currents to test the reactions. The constant current of moderate strength 10 to 30 milliampéres should be passed through the diseased nerves. The sitting should last about half an hour daily. The patient should be encouraged to use the paralysed limbs, and gentle exercise in the open air taken as soon as possible. The faradic current is not of much use in stimulating the nerves, but is of great value in exercising the muscles. Every muscle should be energetically faradised, and in this way much may be done to prevent atrophy and to restore the nutrition of those muscles which have already wasted. This very briefly is the outline of the treatment which of course varies somewhat with the individual cases. Space does not permit any elaboration of it, or any mention of the treatment of the cases resulting from alcohol, lead and arsenic.

My experience leads me to believe that multiple neuritis is a far more common disease than is generally supposed, and this with the fact that it is a comparatively recently recognised affection, and not perhaps very clearly understood by the general practitioner, makes one hope that these notes of cases may prove of some interest.

9 East Townsend Str

ANÆMIA AND ITS TREATMENT.

BY JOSEPH GICHNER, M. D.

No medical subject is so constantly brought to the notice of the physician as anæmia, and indeed it requires a close study and discrimination, to be always successful in its treatment.

As in most forms, the anæmia depends largely on the decrease in number of the red corpuscles or their hæmoglobin value, we must first look toward the seat of their formation, and watch their life history. There seems to be hardly any difference of opinion in regard to the development of red blood corpuscles in embryonal life. When blood first makes its appearance, it is a colorless fluid containing only white corpuscles; each having a nucleus. These then change into red ones, becoming flattened, homogenous, and of a yellow color, and this process goes on all through embryonal life. The so formed red corpuscles retain their nuclei for some time, form new ones by division, and finally loose their nuclei. But in regard to post embryonal formation of red corpuscles, physiologists still differ. Some hold that they are transformed leucocytes, others give to the preexisting nucleated red cells this function, practically all agree that the nucleated red corpuscle is the immediate percussor of the fully developed non-nucleated one.

Of all the tissues conceded to perform blood forming functions, the marrow of bone is generally believed to be primary, while the spleen and lymphatic glands are secondary.

Within the last ten years much valuable work has been done in this line abroad, and in this country. Dr. Osler, whose work has been very extensive, also believes that the main seat of red blood cell formation is in the marrow of bone, and all experiments bear him out.

Now in regard to the seat of blood destruction. We know that the life of every cell is limited, the red blood cell making no exception, and the average life duration has been estimated at about

two weeks. Destruction of red corpuscles goes on continually in the formation of bile, the pigment of urine and other pigments derived from hæmoglobin, though most active destruction seems to take place in the blood vessels of the portal system.

Dr. Wm. Hunter has worked out very carefully, the difficult problem of blood destruction* and describes it as of two kinds.

1. Passive destruction which is the ultimate destiny of the red corpuscles having lived their time and undergoing natural decay.

2. Active destruction, in which the hæmoglobin, instead of remaining within the red corpuscles, escapes from them into the plasma, and is in great part excreted by the liver as bile pigment.

While our knowledge has increased in regard to red corpuscles, we have also found in the colorless corpuscles, (leucocytes) many interesting new points.

First, that they differ much amongst themselves, certainly as regards their morphological characters, and probably as regards their physiological functions. In size somewhat larger than the red corpuscles, they number in health about 6,000 per cubic millimeter, but their number varies in the same individual at different times, in health, and in disease they differ in number especially, also as regards the different forms of white corpuscles. The origin of the white corpuscle is agreed to be in the lymphatic structures, the lymph glands in the spleen and bone marrow.

Apart from the disputed share they may have in forming red corpuscles, the active part they play in inflammations, and their only recently demonstrated functions, as phagocytes or scavengers removing from the blood and tissues micro organisms, and other deleterious matters, whereby many are broken down, gives their consideration in anæmia a special field. There are other corpuscles found in the blood which have been variously named by different observers, platelets, hæmatoblasts, globulins, etc., but there still exist such great differences of opinion as regards their origin, nature and functions, that I will not give more space to their description.

As the functional activity of the blood largely depends upon the amount of hæmoglobin contained in the red corpuscles, its consideration in connection with anæmia is important.

Gower's hæmoglobinometer is easy of employment, and gives sufficiently exact results. In health the amount of hæmoglobin contained in the red corpuscles is fairly uniform, so that we get accurate indication of the hæmoglobin richness of the blood by the blood count, or *vice versa*. In anæmia, great variations occur in the relative proportion of hæmoglobin to corpuscles, and I can do no better, than give Dr. Osler's summary of these variations, namely:

(1) In chlorosis, the hæmoglobin is reduced out of proportion to the reduction of the corpuscles, so that the individual worth of each red corpuscle in coloring matter may be very greatly lowered. Thus, the true anæmia (or functioning properties of the blood) may be very much greater than the number of red corpuscles per cubic millimetre would indicate.

(2) In ordinary anæmia from hæmorrhage or from organic disease the average worth in hæmoglobin of each corpuscle usually remains unaltered, and the percentage of coloring matter corresponds with the percentage of the corpuscles.

(3) In certain cases of pernicious anæmia, the interestiag fact has been ascertained that the percentage of hæmoglobin is increased, and the anæmia is in reality not so great as the reduction in the number of copuscles would appear to indicate.

After this hasty look at the blood in health, we must look at it in relation to anæmia.

Here we have either a diminution in the quantity of the blood, of its corpus-

*Summary of three lectures on transfusion, British Med. Jour, Vol. 2, 1889.

cles or of its coloring matter.

Ordinary physiological functions require a constant using up of corpuscles, and other constituents of the blood, in the formation of bile, urinary coloring, matter, pigments, in the process of tissue metamorphosis and secretions, but these losses are met and a normal equilibrium is established by a continual process of blood regeneration.

Whenever a want of adjustment between gain and loss occurs we have anæmia.

In all conditions where we have either excessive blood expenditure as in hæmorrhage, or destruction as profuse discharges of pus or serum we have anæmia as result, even if the blood forming capacity of the individual is intact, as it cannot keep pace with the demand.

We may also have defective blood formation without any undue loss, or both loss and defective repair as causes of anæmia.

(*To be continued.*)

THE POLYURIA OF PREGNANCY

Dr. Voituriez (*Arch. de Tocol.*, December, 1890), concludes, after a study of this subject, that, in the course of gestation, polyuria of a type entirely confined to pregnancy is sometimes observed. In such cases the urine is clear, slightly acid, and of normal composition, excepting that the proportion of water is greatly increased, so that the specific gravity is low. Sugar and albumen are alike absent, and no cystitis is present in cases of this affection. Polyuria of pregnancy is probably more common than is generally believed. The only way of authenticating a case is carefully to collect all the urine passed every twenty-four hours. The disorder is not usually detected until the middle of the pregnancy. It rapidly disappears after delivery. In nature it is exceedingly mild, and it appears to endanger neither mother nor child. Dr. Voituriez describes a case where a pregnant woman was compelled to make water over twenty-four times in twenty-four hours passing over 7 pints of urine daily. She suffered from slight thirst. Yet she was safely delivered of a living (first) child, which weighed 9 lbs. Tarnier's forceps had to be used. Directly after delivery polyuria ceased, and never recurred. The secretion of milk was normal. Bromides and belladonna had been administered, but proved useless.—*Brit. Med. Jour.*

THE TREATMENT OF STRANGULATED HERNIA BY BELLADONNA AND ATROPINE.

Hagan, in the *Centralblatt für Chirurgie*, states that in 20 cases of strangulated hernia he has employed the following treatment: For several hours the hernial tumor is carefully treated by inunctions of an ointment made by adding 1 drachm of the extract of belladonna to 10 drachms of benzoated lard, and finally, under the skin, immediately over the tumor, is injected by means of a hypodermic syringe, $\frac{1}{150}$ grain of sulphate of atropine, which may be repeated if necessary. At the same time with these inunctions and injections taxis is employed, and in a certain number of cases Hagan found it unnecessary to resort to herniotomy. The employment of the balladonna and atropine renders the tumor more soft and yielding and furthers spontaneous reduction of tension. The reason for this treatment rests upon the statement of Schmiedeberg that belladonna and atropine in minute doses cause a contraction of the mesenteric vessels and an increased peristalsis of the intestinal walls.—*Med. News.*

The Missouri Pacific Hospital at Sedalia, Mo., with a capacity for 150 patients was destroyed by fire on the 20th inst. The 40 patients in the building were rescued with some difficulty.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JAN. 16, 1891.

The 244th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. Walter B. Platt reported on a case of

LUMBAR HERNIA

and exhibited his patient.

The appointed subject of "Clinical aspects of arterio sclerosis" being before the society, Dr. I. E. Atkinson made remarks on the relation of the kidneys to the trouble. He spoke of the various factors causing the condition, mentioned by Dr. Welch in his lecture before the society in October; and spoke particularly of the influence of age. This he said was of course physiological, the hardened arteries forming a part of the natural gradual decrepitude incident to advanced years. Only when this change was unequal and irregular, due to some local condition, did it attract attention. In many cases which during life had given no symptoms of trouble, after death marked changes in the renal vessels had been found. It was not always possible; he thought to determine the condition of the general arterial system from that of the superficial arteries.

Sometimes in individuals at an advanced period of life, without previous warning, uræmia followed by coma and death had been observed, and a sclerotic condition of the renal vessels had been found to exist as the cause of the trouble. Again, it occasionally happens that these changes are going on with nearly equal activity in the vessels of the brain, heart and kidneys, and in such cases it is difficult to say from which organ finally death will be brought about. He cited a case, one of his earlier experiences, of a man with coma arterial hardness, high arterial tensions, hypertrophy of the heart etc., who without obvious cause fell into decrepitude. Examination of the urine showed neither albumen nor casts. Later on in a more careful examination a few hyaline casts were made out, and Brights Disease diagnosed. In this case the arterial sclerosis was the essential lesion. The patient died finally from a cerebral hæmorrhage, having never had albuminurea except during an attack of œdema of the lungs. While these changes in the kidney coming on as the result of age are now generally recognized, they do not receive the attention they deserve. In early life, though less commonly encountered similar changes are met with, and the subject is much more complicated. Degenerative changes in organs may perfectly well result from sclerosis of the arteries and such changes in the kidney are probably not uncommon. Reasoning by analogy, we have many examples of such change. Glomerular nephritis may follow changes in the tubules, but also often depends on changes, in the small vessels. So too in the nephritis resulting from scarlatina etc., we have the beginning changes in the minute vessels.

It is an interesting fact as mentioned by Dr. Welch that the influences which produce premature arterio sclerosis are the same as those which are most potent in causing the contracted kidney (Brights disease).

Thus in alcoholism, lead poisoning, gout and rheumatism, and so througout the list we have a strong common etiological influence for the two conditions.

The observations of Gull and Sutton, while not depending on a pathological basis are clinically very well established. The symptoms of changed moral nature, difference in disposition, etc., mentioned by them are constantly observed in practice. The urine in these cases is chemically unchanged, albumin only appearing late in the disease. When we have an opportunity for examining the renal

vessels we find them enlarged and hard and patent. Whether as the result or the cause of the disease being still an open question.

The kidneys are not the only organs affected, but they bear the principle burden, and their degeneration may be taken as an expression of the general bodily changes. It is of the utmost importance that these changes are carefully observed, not when atheroma is established, but early when we may hope by proper means to hinder or prevent the advance of trouble. With a gouty or alcoholic tendency the beginning symptoms are not difficult to interpret and early interference may enable us to remove the cause of subsequent grave trouble. Chronic alcoholic indulgence, even when not excessive, is infinitely of more importance as a disease factor, than the occasional spree. Syphilis, while undoubtedly a cause in some cases, is of less importance.

Dr. George Preston then presented a paper on

THE CEREBRO SPINAL RELATIONS

to the disease. And following him *Dr. Friedenwald* read a paper on

THE RESULTS OF EYE EXAMINATION IN DR. PRESTON'S CASES,

as follows:

As a preface to the short report of the result of the ophthalmoscopic examination of Dr. Preston's cases, I should like to state that it is only recently that attention has been attracted to those changes of the retinal arteries as are found in general arterio sclerosis.

A few years ago Ole Bull* described several cases of disease in the retinal arteries, and showed how this was the cause of symptoms frequently ascribed to embolism.

Raehlmann (*Zeitsch f. Klin. Med. H.* 5 *and* 6, *Vol.* 16,) has made an exceedingly careful study of the relation between general and retinal arterio sclerosis, besides collecting a few scattered cases in literature. He examined 90 cases of general arterio sclerosis, and found that in most cases the retinal arteries were narrow and tortuous, that 19 per cent. showed whitish margins along the retinal arteries, that 21 per cent. presented localized narrowings in their course, but that retinal aneurisms are very rare. Confining ourselves to these signs of arterial disease without even considering the changes in the veins which he likewise found frequently, we must admit that these results are very remarkable. They are indeed surprising if you remember that in all works on ophthalmoscopy, such changes are not referred to, that in the very latest, that of Gowers, we find the statement in referring to general atheroma that "in cases in which it is well marked elsewhere I have often looked for appearances in the retina suggesting its existence but *without success.*"

Recently Prof. Hirschberg published the results of very careful ophthalmoscopic examinations of 50 persons between the ages of 60 and 80 years. Besides the many other "senile changes" he finds that 46 per cent. of the persons examined showed changes in the retinal arteries; 44 p. c., variations in the caliber at different points in the course of the arteries; 2 p. c., constriction throughout the course, and 6 p. c. whitish lines on their margins.

Before going any further, it would be well to explain more definitely what is meant by these terms. The healthy retinal artery is perfectly transparent. What we see is the blood column within it.

When the walls of the arteries thicken at the expense of their inner caliber, and the thickened portion remains as transparent as the healthy vessel,—and this is commonly the case,—we detect the change by the narrowing of the column of blood.

This thickening may take place at localized points, causing the localized variations in the thickness of the blood column or throughout the course of the

*Internat. Med. Cong. Reports, Washington, Vol. 3, p. 663.

vessel. In the cases mentioned, we must therefore remember that the terms refer only to the blood column, and that we infer from these the condition of the vessel. For instance in the cases where Raehlmann describes "localized narrowings of the arteries," there are only localized narrowings of the blood column, and we infer from these that there are localized *thickenings of the walls* of the vessel.

In those cases where "white lines are seen along the margins of the vessels," the wall of the vessel has lost part of its transparency, and reflects some light which we recognize as the white lines. This depends upon a change in the substance of the vessel, or a deposit within it different from that in the transparent thickening mentioned above, and is much rarer.

My attention was first drawn to the localized narrowings (apparent) of the retinal arteries in cases of optic nerve atrophy, and especially in old cases of embolism of the central retinal artery, in which condition they are much less uncommon than is ordinarily supposed. But their importance struck me when I saw them in a case of beginning retinitis albuminuria, where the signs of inflammation were almost limited to but one eye, while the localized narrowings could be seen in the retinal arteries of both eyes.* Since then I have paid attention to this point, and found the changes in many eyes.

This has made me feel a deep interest in the case of Dr. Preston, the examination of which has rewarded me richly.

Some of Dr. Preston's cases were in bed when I was at the asylum, and could not be examined sufficiently carefully with the ophthalmoscope, to look for these minute changes. For this reason only 29 cases were examined, or 58 eyes. In 18 of these eyes, (among 12 patients) an ophthalmoscopic examination was rendered impossible by such impediments as cataract, corneal opacities, etc., which reduced the number of retinas examined to 40, (among 23 patients.)

Of these 40 eyes 19 presented decided local or general narrowing of the vessels, with frequent tortuosity (among 12 patients); 10 moderate or slight changes of the same kind, (among 7 patients); 4 presented whitish margins along the arteries, (among two patients), one a hæmorrhage on the papilla; seven appeared thoroughly normal, (among five patients); two showed normal vessels, while there were other extensive retinal changes.

Besides these I note in several cases senile retinal changes in the characteristic little yellowish spots due to colloid degeneration of the membrana limitans choroidea.

The great proportion of cases where decided changes were found, while not warranting my drawing percentages, is certainly sufficient to lead me to thoroughly accord with Raehlmann as to the frequency of these changes and their importance in a diagnostic point of view.

In the

DISCUSSION,

Dr. Theobald said that he thought it unjustifiable to attach much importance to the apparent changes in the retinal vessels occuring in connection with arterio-sclerosis. It is not an easy matter to decide ophthalmoscopically whether or not enlargement or narrowing of the vessels is present, and it is also difficult to decide that vessels are more tortuous than normal, since there is always some tortuosity. Increased tortuosity was not uncommon in the young as well as in the old as a sequel to astigmatism, hypermetrophia and other conditions causing eye strain. Temporary contraction and the dipping of the vessels must be excluded when narrowing is considered.

Dr. Welch said he wanted to call attention to one point mentioned in Dr. Preston's paper. Dr. Preston had said that he thought it possible that spinal sclerosis could be secondary to arterio-sclerosis, that the increase of the

*Prof. Hirschberg published this case in detail. Centralblatt fur Augenheilkunde, 1890, p. 206.

fibrous tissue in the intima and media might extend to the adventitia, thence to the perivascular connective tissue and neuroglia, and as a result of the increase of neuroglia, an atrophy of fibres and cells might follow.

Dr. Welch thought that such a relation could not be shown in spinal sclerosis, for here the degeneration followed certain physiological tracts, and was not confined to any one vessel or set of vessels. Such a relationship might exist in a disseminated sclerosis. In the sclerotic process we have first a degeneration and atrophy of the nerve fibres and cells and then an increase in the neuroglia, producing the recognized condition.

Dr. W. B. Councilman related a case of

EXTENSIVE ARTERIO-SCLEROSIS DUE TO SYPHILIS.

In addition to the wide spread arterial trouble, there was acute nephritis and enlargement of the spleen. Death had resulted from rupture of the chordae tendinae. In the lung vessels the sclerosis was marked. The capilliaries were the seat of hyaline degeneration and the alveolar walls were atrophied. Gummata were also present. The same degeneration was also observed in the capilliaries of the renal glomeruli. He thought that the hyaline degeneration might be the primary change in atheroma. This hyaline degeneration he had noticed in the vessels adjoining tubercular and typhoid ulcerations in the intestine.

Dr. R. L. Randolph said that the relationship between inflammatory glaucoma incident to advanced years, and sclerotic condition of the retinal vessels had been long established.

Dr. Preston agreed with Dr. Friedenwald that we ought to have a recognized standard of size of retinal vessels, and that an ophthalmologist should be able to recognize variations from the normal. He thought that an examination of the retinal vessels might assist one in making a diagnosis of general arterio sclerosis in younger people. In answer to Dr. Welch's objection he thought it might not be forcing the fact to say that an increase of connective tissue might extend from the vessel to the neuroglia, causing a contraction and subsequent atrophy of the nerve fibres and cells. Following the interference to the circulation from the vessel changes, less blood would be brought to the parts and metabolic activity lessened. Dr. James Ross has shown that certain physiological tracts are supplied with a certain system of vessels.

Dr. Welch said that it could be shown experimentally that when the blood supply is taken away, the effects are first marked in the more highly specialized tissues. Dr. Herter had tied the aortas of rabbits for an hour, and afterwards killed the animals and examined the cords. In these cases the nerve fibres and cells were affected as they did not stain although the nuclei of the neuroglia took the stain perfectly. In these experiments when the aorta was tied for an hour, temporary paralysis resulted, and if for a longer time permanent paralysis. As examples of the highly specialized cells of organs suffering first when nutrition is interferred with, may be mentioned the atrophy of liver cells, and that of kidney epithelium in sclerosis of these organs.

Dr. Preston asked whether Dr. Herters experiments had been confirmed. The nutrition of the nerve fibres is largely dependent upon neural stimuli in addition to blood supply. If a nerve fibre is cut off from its ganglion cell it becomes atrophied.

Dr. Welch said that Dr. Herters experiments were themselves confirmatory to work previously done. We cannot assume that these degenerative changes occur as a result of taking away the neural stimulation for the reason that the ganglion cells and fibres were not separated from each other or injured directly by the operation, but they followed the simple cutting off of blood supply.

The Society then adjourned.

R. B. WARFIELD,
Rec. Sect'y.

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BALTIMORE, FEBRUARY 28, 1891.

Editorial.

MEDICAL EDUCATION, MEDICAL COLLEGES AND THE REGULATION OF THE PRACTICE OF MEDICINE.

Every physician who is interested in the progress of his profession, as all should be, ought to read carefully the last report issued by the Illinois State Board of Health, on the subject above mentioned. The profession throughout the country owes this board, and especially its secretary Dr. Rauch a debt of gratitude which it can scarcely ever repay, for the thoroughness with which it has worked up the medical school question and exposed its abuses. The report, which is the legitimate successor of previous reports of the same kind, is a perfect epitome of the state of medical education in this country, as well as a history of the progress which has been made in the last 10 years, and it contains much that is encouraging, as well as much that is not creditable to the medical schools. The report says: "Some of the suggestions then offered hold today as well as they did 10 years ago, although, as will be seen by a careful examination of this report, great changes for the better have taken place."

It is too shamefully true that at present many students are admitted to the lecture courses, whose illiteracy prohibits their profiting by the instruction given, except in the narrowest limits, and precludes the possibility of their attaining such knowledge as the duties of the profession positively demand.

Natural talent and aptitude may go far toward fitting a man for any calling, but no talent can take the place of thorough education in a profession where such large fields of knowledge are to be mastered and so many and such important judgments constantly to be formed.

It is a palpable absurdity to expect to make skillful physicians of illiterate students by mere dint of reading them lectures, even when accompanied by quizzes and examinations. It is doubtful whether any examination of qualification such as can be made at the crowded opening of a session can be relied upon to assume the requisite preparation for admission.

Not less than three full years should be devoted to a diligent study of Medicine, before graduating or commencement of practice. Whoever will consider the extent of the several branches of science to be

mastered by the student of medicine, will easily conclude that three full years will afford but scanty time for the work· It is doubtful whether any true scholar would attempt to do this work in such time without great hesitation.

The question of preliminary education as a prerequisite for the study of medicine is one of the greatest interest and importance. One does not have to possess a very extensive acquaintance with students of medicine, nor with physicians either, to our shame be it spoken, to fully appreciate the absurdity of ranking medcine, as we teach it here, as one of those professions which are known as "liberal," the ter m presupposing a liberal education. Ability to read one's own diploma in Latin would seem to be but a moderate requirement in that direction, but that in the present state of affairs, would be beyond the dreams of the wildest imagination and we are very much mistaken if a majority of the graduates in medicine in the country at large could correctly read and construe a translation of that important document into the mother tongue. A knowledge of English, however, may be looked upon as an accomplishment rather than an essential in a physician and perhaps could be excused in the presence of high scientific attainments, but one has only to scan the marks made in the state board examinations in order to see that what are known as the elementary medical branches, anatomy, physiology, materia medica and chemistry, fare but little better than the mother tongue. No term used in the catalogues ot medical schools is more abused than the term "practical" and the so called practical branches are those to which the student pays most attention. In fact the average student looks upon dissecting and other laboratory work as an abomination and as a waste of time and is disposed to learnedly discuss the pathology and therapeutics of the liver and kidney when his ideas of the anatomy and physiology of those organs are of the shadowiest kind. There is, however, much matter for hope in this direction both in the results contained in the report and in the work of the Association of American Medicsl Colleges. The profession seems to be awake to the importance of this matter and the number of colleges which subject their matriculates to the test of a preliminary examination is gradually but surely increasing. The fact that most of our schools are so situated financially that they must depend on their output for their existence, is the greatest impediment to this reform, and we fear that it will not be fully accomplished until rigid scrutiny of the graduates before licence to practise is granted, either by boards of state medical societies or by the state directly is generally adopted.

The method of teaching emploped in the average medical school are well known to be of the most faulty kind and there is probably no other branch of science or art in which such methods would be tolerated for an instant. When the college opens in the fall the students gather from far and near, some educated, some ignorant, some beginning their first course fresh from the plow or the workshops, some having taken one course and having practised in the interim between sessions and some having taken two courses; the bell rings and the Professor of the Practise of Medicine ascends the rostrum to hold forth on typhoid fever or Bright's disease. They all go in and listen. Perhaps one third of the

class understands what the professor is talking about. The others listen and vainly try to grasp the subject until tired nature finally yields and the weary eyelids close. At the next hour the professor of physiology teaches all, what two thirds of the class ought to be perfectly familiar with. And so it goes on, the result being that above two thirds of the time is wasted. In the meantime the laboratory instruction is neglected or given only to the few who have understanding enough to appreciate its importance, the dissecting is conducted in a careless and imperfect manner and such elementary practise in minor surgery, bandaging, obstetrical manipulation on the mannikin, urine testing, practical diagnosis etc, are reserved for those who have the inclination and the money to enable them to take private courses. At the end of it all an examination is held and degrees are conferred which state that the holders are doctors of medicine. Now if one should take his horse to the farrier's and it should be proposed that a young man who had heard lectures on horse shoeing and read books on the subject should do the work, we can well imagine the result. Yet the public is expected to entrust the lives and the health of its wives, its children and itself to young men who have received just such instruction. They must all be changed and the improvement shown in the history of medical education contained in the report gives us the hope that it will not be long before much improvement will be apparent.

. . . .

We have not the space to comment on all the points contained in the report but we shall take occasion in an early number to call attention to some of the other matters referred to in the hope that some practical lessons may be learned which may have a more or less local application.

Reviews, Books and Pamphlets.

The Non Operative Treatment of Delayed Union in Fractures of the leg. By JOHN RIDLON, M. D. Reprinted from the *Med. Record*, Jan. 31, 1891.

The Breathing Movements in Relation to Voice Production. By G. HUDSON MAKUEN, M. D., of Phi ladelphia. Reprinted from *Education*, December, 1890.

Operation Blank. Prepared by W. W. Keen, M. D., Professor of the Principles of Surgery, Jefferson Medical College, Philadelphia. Published by Lea Brothers & Co., Philadelphia. We had occasion, in an abstract of Dr. Keen's notable paper on "The Organization of an Operation" to call attention to the blanks arranged by that distinguished surgeon and to comment on their practical usefulness. They are arranged in convenient pad form, with a list of instruments on the back, and we have no doubt that they will soon be extensively used by surgeons. Their use will prevent an accident which every practical operator is only too familiar with, *viz:* that of discovering in the midst of an operation that some important instrument or detail of preparation has been forgotten.

A Compend of Gynecology. By Henry Morris, M. D., Late Demonstrator of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, Philadelphia, P. Blakiston & Son, Philadelphia. This is one of the series

of "Quiz Compends," which have appeared recently, and which are so useful to the student preparing for an examination or the practitioner preparing to operate. The little book is well arranged and illustrated and handles the subject in a practical and concise way.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A. B., A. M., M. D., LL. D., Late Professor of Surgery in Bellevue Hospital Medical College, etc., etc. Eighth edition, revised and edited by Stephen Smith, A. M., M. D., Professor of Clinical Surgery in the University of the City of New York, etc. Illustrated with 507 wood cuts. Philadelphiia, Lea Brothers & Co., 1891.

Hamilton's treatise on fractures and dislocations is too well known to the profession to demand any extended notice from us, when a new edition is stricken off. The fact that it has reached its eighth edition is a sufficient testimonial to its intrinsic worth. It has been a standard text and reference book for many years, and will doubtless continue to be for many more. Since the appearance of the seventh edition, the gifted author has passed away, and as a "grateful service," Dr. Stephen Smith has undertaken its revision. No one could be better fitted for this task than the editor, as he was for many years intimately associated with the author in the capacity of pupil, and later, colleague in college and hospital work. Whilst the text remains pretty much as in previous editions, the editor has eliminated all obselete matter, added the most recent facts and opinions upon these subjects, and selected 105 new illustrations, so that as it now appears, the work is fully abreast the times and can be relied upon to represent the safest and best teaching upon these important subjects. Hamilton's work not only gives us the results of his own experience and observation in the treatment of fractures and dislocations, but is a great store house from which theories, facts and methods, both new and old, may be obtained. Its tone is conservative, and yet progressive; new methods are not received enthusiastically, simply because they are novel, nor are ancient methods discarded on account of their age. His aim is to "prove all things; hold fast to that which is good."

It is a source of surprise to us, and some personal regret, that fractures of the skull are not included in the scope of this treatise. Why they are excluded is incomprehensible to us, as they form one of the most important studies with which we can busy ourselves.

Medical Progress.

REPAIRS OF DEFECTS IN THE MUCOUS MEMBRANES.

Professor Witzel calls the attention in the *Centralblatt für Chirurgie*, No. 45, 1890, to the possibility of closing gaps in the mucous membranes with portions of the skin. In ordinary plastic operations attention is chiefly directed to the restoration of form, but in the case of mucous tracts function has also to be considered. Flaps of mucous membrane would be obviously the best for restoring defects in mucous membrane, but there is always a danger in making such an attempt of causing a fresh lesion. Nevertheless, the mucous membrane of the gum has been successfully used to cover the wound left after excision of half the tongue, and defects in the cheek have been repaired in the same way. Flaps of skin have also been inserted for the last purpose, and it is particularly important only to use such as are hairless, or, at the most, covered with lanugo. These flaps have the usual tendency towards concentric contraction, which is partly obviated by using quilted sutures. A case is mentioned in which quite half

the upper and lower lips were restored with an upper and lower flap, and with the assistance of a flap the base of which corresponded with the border of the jaw, and its apex with the sterno-clavicular articulation. Details are also given of the case of a patient from whom half the larynx anh a number of infected glands were removed for carcinoma, after a preliminary tracheotomy. The gap in the larynx was afterwards closed by a flap which was made from the skin of the neck at the side of the wound. This flap was inserted and sutured to the edge of the mucous membrane of the larynx and pharynx, its upper edge being bent and fastened to correspond with the aryteno-epiglottidean fold. The external wound was closed as far as possible, and a feeding tube adjusted and left in the nostril. The case did well, and at the end of the first week food could be swallowed without difficulty. On the tenth day a fenestrated cannula was adjusted, and it was found that the voice had regained some of its tone. After the patient had been up four days a laryngoscopic examination was made. The part of the flap which corresponded to the aryteno-epiglottidean fold was paler than the skin outside and was necrosed, and afterwards a fistula formed. The rest of the flap lived, and no disadvantage seemed to ensue from the death of its upper part, but in futnre operations more care should be given to the formation of the latter. The author concluded by saying that similar procedures are suitable for defects of the trachea, œsophagus, urethra, or rectum.—*Brit. Med. Jour.*

"REFLEX EPILEPSY."

In the New York *Medical Journal* Dr. Byron relates a case of convulsions associated with herpes in the distribution of the upper superficial branches of the cervical plexus. The eruption was preceded by pain in the regions of the shoulder, neck, and upper part of the chest. The pain was increased by pressure. Simultaneously with the appearance of the eruption the patient began to suffer from convulsions. These were preceded by a warning in the form of a sensation in the cardiac region, the head and eyes were turned to the right, there was tonic followed by clonic spasm affecting the right side more than the left, with unconsciousness, lividity, and foaming at the mouth. The herpes was treated by an external application, and bromide and chloral were given internally. The case is described as one of epilepsy caused by the herpetic eruption. Considering how very reluctant our best authorities are in granting even the existence of purely reflex epilepsy, it seems to us that considerable assumptions must be made before such a case as that described is placed in this category. It is manifest that before classifying it at all, fuller particulars should be furnished as to the likely cause of the eruption. That the convulsions should have been the result of the herpes is of course possible, but it seems more likely that both conditions may have been the result of some common cause. Nor is there any evidence that the cessation of the convulsions was due to the disappearance of the eruption. No doubt they disappeared simultaneously, but it must be remembered that not only was an external application used for the eruption, but two of our most valuable remedies for epilepsy were given internally. Even at the time at which the description of the case was written, those drugs were still being administered, so that it is at least premature to cite such a case as an example of reflex epilepsy.—*Lancet.*

TREATMENT OF NASAL DIPHTHERIA.

In the *Revue Générale de Clinique et de Thérapeutique*, Raulin recommends the following treatment for nasal diphtheria, both in adults and children. The membrane is not to be removed by direct manipulation, but is to be detached by means of antiseptic irrigation, while to prevent its re-formation, the surfaces upon which it is growing are to be covered by the following:

℞.—Lactic acid 30 grains.
Carbolic acid 45 "
Pure Glycerin 1 ounce

After the disappearance of the exudate the catarrhal rhinitis which follows is best treated by means of astringent applications, and by washing out the nostrils with a spray composed of a solution of borate of sodium, or Dobell's solution may be used instead.—*Med. News.*

DRAINAGE OF THE VENTRICLES IN HYDROCEPHALUS.

M. A. Broca reports (*Rev. de Chir.*, No. 1, 1891) a case of hydrocephalus in which he practised drainage of the ventricles with some amelioration of the symptoms, and with complete success so far as the operation was concerned. The patient was a boy aged three years. Symptoms of nervous disorder were first noticed at the age of about seven months, when he had convulsions, and at about that age the mother noted that the head began to enlarge. When about two years old he had another severe attack of convulsions, affecting the right side, followed by temporary partial right hemiplegia with contracture of the right upper limb. After a few weeks the contracture passed away, and the child, who had never walked or talked, began to "feel its feet." But, when nearly three years old, he had a series of severe convulsions of the left limbs, followed by hemiplegia and contracture of the left side. The child came under M. Broca's treatment about two months later. The aspect of the head was characteristic; the fontanelles were closed and the sutures united. The child was dull, could not speak, uttered inarticulate cries, and presented convulsive movements of the upper limbs. It could not stand, even when assisted, and with difficulty sat up. The left upper limb was flexed in contracture. While in this condition, on September 19th, 1890, it was submitted to operation. The scalp having been shaved, washed and disinfected with sublimate solution, M. Broca made a crucial incision, the centre of which was three centimetres ($1\frac{3}{16}$ inch) above and three centimetres behind the right external auditory meatus. A trephine, having a diameter of 1.5 centimetre (about $\frac{5}{8}$ inch), was used to commence the removal of a circle of bone. This was completed with a gouge and mallet. Into the opening thus made the dura mater projected: it was divided by a crucial incision. The brain then projected into the wound; it did not pulsate. A large aspirating trochar was pushed freely into the brain in the direction of the auditory meatus of the opposite side. At a depth of about four centimetres (about $1\frac{1}{2}$ inch) resistance was felt to diminish, and, on withdrawing the trochar, a liqueur-glass full of clear liquid escaped. The cannula was then detached from the aspirator, but a gentle flow of liquid continued. A drainage tube was introduced along the cannula into the lateral ventricle. Altogether about ʒiij or more of liquid escaped during the operation. At its conclusion the brain ceased to project into the opening in the bone, and the normal pulsations were observable. The dura mater was replaced, but not sutured; the skin was sutured around the drainage tube, which was cut flush with the skin. An iodoform dressing was applied; it was soaked through on the following morning. The next two dressings remained two days before they were soaked through. The sutures were removed on September 26th, the dressing was renewed on November 3rd, and the drainage tube removed. Little or no fluid had escaped during the previous eight or nine days. The last dressing was applied on November 10th, on which day the child left the hospital considerably improved. It appeared more intelligent, slept well, and the contracture had disappeared, the convulsive movements of the upper limbs had diminished, it did not utter inarticulate cries, and, when supported, attempted to stand. M. Broca adds the notes of a fatal case, communicated to

him by Dr. Thiriar, of Brussels. He also gives a translation of the paper read to the International Congress at Berlin, by Dr. W. Keen, of Philadelphia.—*Brit. Med. Jour.*

REMOVAL OF THE UTERINE APPENDAGES FOR THE CURE OF OVARIAN INSANITY.

The treatment of cases of mental disease dependent upon some ovarian disorder by the removal of the uterine appendages has not been, as far as I am aware of, brought before the profession very frequently. The following case may therefore interest some whose studies lead them to investigate mental disorders, especially those disorders dependent upon some form or another of ovarian disease.

Mrs. Y——, aged 37, married nine years, has five children, eldest eight years, youngest eight months. She has always been depressed at her menstrual periods. When about 18 years of age her father died of apoplexy. For some years after this event she suffered from melancholia, which was always much worse during the catamenial periods; at the same time she was firmly convinced that she had caused the death of her father by poisoning him with opium. However, she got over this fancy and married, after a somewhat prolonged engagement. Her husband informed me that after her marriage she at times suffered from lowness of spirits, and that immediately after the birth of her last child she became quite insane for about two months, requiring an attendant constantly with her, as she more than once attempted to commit suicide when left to herself. When I saw her for the first time towards the end of 1886, her condition was similar to that described above, her symptoms becoming much aggravated at each menstrual period; for though the acuter signs passed away after the menstrual flow had ceased, there still remained a good deal of melancholia during the inter-menstrual period, which became aggravated with hallucinations as the succeeding catamenia approached. The patient had an anxious look, was very restless, and slept badly. Menstruation very scanty, and attended with a good deal of pain. She was imbued with the idea that she had poisoned her father and had caused the death of one of her young friends. She frequently heard voices which urged her to make away with herself. The usual routine treatment having been tried with little or no effect, I suggested the removal of the uterine appendages as a means of alleviating the distressing symptoms. This procedure having been agreed to, I accordingly performed the operation on March 15th, 1887. The patient recovered quickly from the operation, but the mental symptoms were no better—worse, in fact, as the suicidal tendency became more pronounced. By my advice she was removed to an asylum, where she remained for about four months. On her return, I found her sane in every respect. She had quite recovered from the suicidal mania, and the hallucinations were gone. Since that time she has not had any return of the old symptoms, and as nearly three years and a half have now elapsed since she had any, I hope that she is cured. The removal of the uterine appendages brought on at first, in this case, an acuter stage of the mental condition, but this is, I think, what one would be led to expect as most likely to occur in a patient suffering from ovarian insanity. The mental symptoms being dependent upon the ovarian irritation, any operative interference with these organs is likely to aggravate matters until the artificial menopause has been thoroughly established. This is how I translate the sequence of events in the above case, so that if I am correct in my diagnosis—*viz:* that the mental symptoms were due, and due entirely, to the ovarian irritation—there will be no return of the insanity. I may remark that the ovaries were rather smaller than normal, whilst the Fallopian tubes were swollen to about twice their usual size, and very injected. —Edward Cotterell, M. R. C. S., &c., in *Lancet.*

FURTHER EXPERIENCES WITH TUBERCULIN.

Mr. Jonathan Hutchinson in a lecture on lupus says that no cure of this disease by means of Koch's lymph has yet occured in London. Virchow has recently shown to the Berlin Medical Society, the specimens taken from the body of a man, aged fifty four, who had been admitted to the Charité as an in-patient on October 6th of last year, suffering from pleurisy, and whose condition had been satisfactory up to November 20th, when treatment by Koch's remedy was begun. There was no fever, no loss of weight. Since November 20th five injections of 5 milligrammes each had been given, followed each time by powerful reaction. After the last injection (January 9th), fever set in, which persisted until death (January 20th). Post-mortem examination showed, besides old-standing induration in the lungs and remains of the pleuritic condition, an exceptionally wide-spread miliary tuberculosis, extending over the lungs, the spleen, the kidneys, and the liver. Professor Ewald has made a report upon his experiences with Koch's lymph in the Augusta Hospital. One hundred and fourteen cases had undergone the treatment at this establishment, the total amount of lymph used being 32,000 milligrammes. Ewald summed up as follows: "Gentlemen, if am openly to express my conviction, I must say that I have not yet seen a single case that I could really call cured." He stated, however, that in a certain number of cases the improvement following the injections had been greater than had ever been known to result from any other remedy in so short a time.

Dr. James Israel, Surgeon to the Jewish hospital, gave an account of 24 surgical tuberculous cases treated by the lymph during from 30 to 60 days. One case of hydrops tuberculosis of the knee he pronounced to be cured; two cases ended fatally; five cases, one of which was lupus, remained absolutely uninfluenced by the treatment, the injections, though followed each time by the well-known general reaction, producing neither local reaction nor even the slightest beginning of any therapeutic effect; one case of tuberculosis of the prostate showed neither general nor local reaction even after injections of four centigrammes, nor any change of condition; six cases showed decided improvement, five showed no improvement, two cases relapsed, and three became decidedly worse. Dr. Israel gave a detailed history of three of his cases, which were specially interesting, and, in conclusion, summed up as follows: 1. The remedy does not in all cases, even if we exclude caseous foci, exert an influence on tuberculous tissue. 2. The remedy does not always produce decided necrosis, but sometimes inflammatory phenomena also. 3. The intensity of the local reaction bears no proportion to the intensity of the general reaction. 4. The intensity of the local reaction is no criterion of the therapeutic effect. Good effects may be achieved where the local reaction is feeble. Intense local reaction may be unaccompanied by any favorable therapeutic effect.—*Medical Record.*

Medical Items.

Six deaths from the use of soothing syrups have recently been reported by Dr. A. G. Belleau, to the Quebec Board of Health.

Dr. Clarence Thwing, of Brooklyn, has accepted an invitation to establish one or more missionary hospitals in the Territory of Alaska, beginning at Sitka.

Dr Kirchstein attains good results by treating neuralgia of the supra-orbital and infra-orbital nerves with hypodermic injections of a 2 per cent. carbolic acid solution at the site of emergence of the nerves.

Pyoktanin stains, says Merck's *Bulletin*, are readily removed from the operator's hands by washing with spirtus saponatus, or with a 10 per cent. solution of castile soap in alcohol, or with liquor sodæ chloratæ. Pyoktanin pencils, when broken, are mended by simply wetting the severed surfaces with water, and pressing them together gently; when dry they will cohere.

The State Board of Health of New York has come to the following conclusions as to the effects of impure ice in causing disease: Ice formed in impure water has caused sickness; it may contain from 8 to 10 per cent. of organic matter dissolved in the water, and in addition a very large amount of organic matter that had been merely suspended or floating in it; it may contain living animals and plants ranging in size from visible worms down to the minutest spores, and the vitality of these organisms may be unaffected by freezing.

It is currently reported that the Queen of England has discontinued the use of the electric light in her private apartments, on the ground that it is injurious to the eyes. We are inclined to believe that this is founded on some misapprehension, for when properly protected by opal glass or by shades, the electric light can be toned down to any desired extent, and it certainly possesses many advantages over gas. It is more easily lighted and extinguished, less dangerous, more cleanly, free from odor, gives off little heat, does not spoil the air, is quite as steady, and, so far as we can see, has only one drawback—that, namely, of being more expensive.

Dittel reports an instance of the rare anomaly, a diverticulum of the male urethra. (*Wien. klin. Wochenschrift; Am. Jour. of the Med. Sci.*, December, 1890), which was not discovered until the patient had passed middle life. At that time the formation of a stricture was followed by the development of fluctuating tumor on the under surface of the penis, pressure of which caused the escape of foul, purulent urine from the meatus. On opening the tumor, it was found to be a sac lined with mucous membrane, communicating with the urethra by a comparatively small opening. Microscopic examination showed that the cavity was not a retention cyst, and precluded the possibility of its being an exaggeration of the dilatation commonly observed behind strictures. Nearly all of the cases observed of this anomaly have been found in young subjects, and the abnormity probably depends on the fact that, in their fœtal development, the peripheral and central parts of the urethra have not united before urine is forced into the central part.

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the best dissertation, considered worthy of a premium, on some subject in physiology, surgery, or pathological anatomy, the arbitrators being the physicians and surgeons of the Massachusetts General Hospital. The subject for competition for the year 1892 is on some special subject in physiology, surgery, or pathology. Dissertations must be legibly written, and must be suitably bound so as to be easily handled. The name of the writer must be inclosed in a sealed envelope, on which must be written a motto corresponding with one on the accompanying dissertation. Any clew given by the dissertation, or any action on the part of the writer, which reveals his name before the award of the prize will disqualify him from receiving the same. The amount of the prize for the year 1892 will be $500. In case no dissertation is considered sufficiently meritorious, no award will be made. A high value will be placed on original work.

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CONTENTS

ORIGINAL ARTICLES.

Remarks on the Etiology and Prevention of Intra-Pelvic Inflammations. By T. A. Ashby, M. D., of Baltimore. 397

Anæmia and its Treatment. By Joseph Gichner, M. D. 403

SOCIETY REPORTS.

The Philadelphia Electro-Therapeutic Society. Electro-Puncture of a Cystic Goitre: Disappearance of both Cyst and Goitre. Discussion. . 405

EDITORIAL.

More about Medical Education, Medical Colleges, etc. 408

Insane Asylums and their Abuses, etc. . . 410

HISTORICAL.

A Tribute to the Memory of Dr. John Russell Quinan. 411

CORRESPONDENCE. 415

MEDICAL PROGRESS.

Removal of Cyst from a Kidney.—Treatment of Pneumonia in Children.—Tic Douloureux.—Tuberculous Meat. 415

MEDICAL ITEMS. 417

Original Articles.

REMARKS ON THE ETIOLOGY AND PREVENTION OF INTRA-PELVIC INFLAMMATIONS.*

BY T. A. ASHBY, M. D.,
OF BALTIMORE.

Our knowledge of the etiology of intra-pelvic inflammations has been revolutionized under the stimulus of intra-pelvic surgery. We stand in a position today, through the instrumentality of surgery, to understand the nature of those influences which occasion such havoc in the female pelvis, and are able to determine how these influences may be prevented or arrested.

The laparotomist deals with a result. It should be the province of every man engaged in medical work to foresee and forestall, as far as may be possible, the origin and spread of intra-pelvic inflammations. Prevention is, if anything, a greater *desideratum* than the ability to cure, and it is in the exercise of this function that the profession of medicine should hold itself ready to profit by the experience and observation of those men who are in a position to demonstrate the etiology of intra-pelvic disease.

In my experience in intra-pelvic surgery, I have been impressed with the belief that the larger proportion of intra-pelvic inflammations are preventable. I have found such unmistakable evidence of the origin of many of the conditions which it has been my province to remove that I am prepared to assert that had certain precautionary attentions been given to the case under consideration, an intra-pelvic inflammation could have been prevented.

In such cases I have not felt that I could justly censure the medical attendant for the origin of the inflammatory

*Read before the Baltimore Medical Association, Jan. 19, 1891.

trouble in any given case, for certainly, there was no evidence of intentional neglect. Whilst then I am so positive that these intra-pelvic inflammations are preventable, I am likewise positive that the medical attendant is not responsible for them in any large number of cases.

I shall attempt to show from the standpoint of my own observation and experience, how these troubles originate and where the responsibility for their existence properly belongs.

The intra- pelvic inflammations may be classed under four heads. Cellulitis, peritonitis, salpingitis and öophoritis. It is very seldom that any one of these conditions will be found to exist pure and simple. My experience has been that when you find one you find all; in other words the inflammation is composite in character. The inflammatory fire may have its origin in the tube, ovary or cellular tissue, and may expend its main influence upon one or all of these regions. In some one, if not in all, we find the charred remnants of the conflagration.

In their behavior these inflammatory attacks pay obedience to no fixed law, for I have yet to remove from any two cases the same or nearly related conditions. In one case the pus accumulation will be found in the ovary, in another in the tubes, in another the organs are, as it were, charred, and so mutilated as to have no functional value, and in another the organs are scarcely involved, but completely tied up in adhesions.

I can compare the condition of the intra pelvic organs after an attack of intra-pelvic inflammation to no more striking illustration than that presented when a fire has passed through a private dwelling or store house, in which will be found much debris, some few articles but slightly damaged, but everywhere the evidence of smoke, water and destruction. I am speaking now of the results. It is profitable to know how these results have been established. I am inclined to think that in the very outbreak of the attack, the organ or tissue selected was in consequence of the character of the etiological influence. Undoubtedly certain influences predispose to certain conditions. Cellulitis, for example, pure and simple, is due almost entirely, if not wholly, to traumatism and sepsis. In my own experience I have never had a case of cellulitis. I have seen a number of cases in the practice of others and I do not recall a case in which the result did not follow an operation upon the uterus and in which we can not assume that sepsis followed.

Other causes have been assigned for cellulitis, but if we consider the influence of traumatism and of sepsis, and eliminate the latter element, it will be of extremely rare occurrence. A cellulitis once established may involve the pelvic peritoneum and result in pus cavities and accumulations, where resolution does not take place before this condition is reached. In those cases in which inflammatory lymph is simply thrown out, the product is removed, minus the adhesions which are sure to remain, especially if the peritoneal membrane is involved. Hence in attacks of intra-pelvic inflammation of traumatic origin, we may usually trace the results in a cellulitis and peritonitis with either pus or adhesions, or both, as a final outcome of the attack.

These forms of intra-pelvic trouble are largely preventable. They follow closely in the wake of surgical operations upon the uterus, or less rarely, in my judgment, from the use of obstetrical instruments. An aseptic operation will present no such results, but neglect of such precautions is at the patient's risk.

Dr. Emmet has shown that cellulitis in connection with, or as a consequence of, laceration of the cervix is the most important as it is the most frequent complication. Of 169 cases of cervical laceration, he found that 20.17 per cent. of the total number had cellulitis at the time of their first examination. The cellulitis, he observes, is generally situated between the folds of the broad ligament and on the side of the laceration. If we take into consideration the fact that

32 80 per cent. of all women suffering from uterine disease who came under Dr. Emmet's care were found to have laceration of the cervix and that in about 20 per cent. of these cases cellulitis is found the conspicuous influence which lacerations exercise upon intra-pelvic inflammations is at once recognized.

My own experience confirms the observations which Dr. Emmet has so carefully made, and goes even further. Lacerations of the cervix in some form or another will be found, according to my estimate, in 30 per cent. of women who have borne one or more children. It is a most frequent and dangerous lesion, and leads to more forms of intra-pelvic distress than all the other accidents of parturition combined.

It is the very starting point for the origin of septic processes which then travel by several routes until the intra-pelvic organs are involved.

Pelvic cellulitis pure and simple, as pointed out by Dr. Emmet, I have not observed as a common result of cervical laceration. In fact I am unable to recall a single case of this class. But if we include the other forms of intra-pelvic inflammations as belonging to the condition classified by Dr. Emmet as cellulitis, I am prepared to admit the correctness of his statement *in toto.*

In my laparotomy work, I have had frequent opportunities to demonstrate the etiological influence of a cervical laceration. I am unable to recall a single case of salpingitis, or of chronic intra-pelvic peritonitis, or ovaritis, occurring among women who have borne children, in which I failed to find a laceration of the cervix uteri. So constant has been this observation, that I invariably assigned the laceration as the etiological factor in the case.

The converse of this proposition fortunately does not hold true. Lacerations often exist without the slightest evidence of an intra-pelvic inflammation. These are the exceptional cases which yield such excellent results when a repair of the lesion has taken place.

I have had an opportunity to witness the very beginning of a septic process in a case of cervical tear in a patient seen in consultation with a medical friend, where the progress and treatment of the case were watched with the utmost care.

The patient in question, a primipara, passed through labor with no serious difficulty. Up to the sixth day there was not the slightest suspicion of any abnormality in her lying-in. A rigor came on suddenly, followed by high temperature and undoubted sepsis. The lochial discharge became bloody and offensive, and an examination of the uterine cavity was immediately made under the assumption that retained secundines might possibly be at the root of the attack. My friend had taken every precaution during labor, and in the *interim* of her lying-in, and was astounded at the sudden approach of sepsis. I saw the case on the sixth day, and with a speculum examined the cervix uteri, and explored the uterine cavity. The margin of the cervix was torn into numerous filiments, some sloughing, and others highly inflamed. Septic material had in this manner been introduced, which established a purulent septic endometritis and salpingitis. Inflammatory lymph was freely poured out among the pelvic tissues, her temperature ran up to 103 4-5°, and her life was involved in great danger. The uterine cavity was curetted and washed out with antiseptics, and thorough drainage secured. Fortunately pus formation was arrested, and resolution was established, the patient subsequently recovering. The origin and spread of the septic process was unmistakable and typical of those cases of child-bed fever which have destroyed so many lives before the present methods of asepsis were understood.

Whilst then cervical lacerations bear such striking etiological relations to intra-pelvic inflammations, parturition with or without this lesion is the most imposing of all causative conditions. Bernutz found out of 99 cases of pelvic peritonitis, 43 were due to this cause, 35 after

delivery at term, and 8 after abortion. This experience seems to coincide with that of other observers, and certainly with my own.

In this class of cases the tubes receive the main brunt of the attack. The process begins in the uterine cervix, extends to the endometrium and by continuity of tissue to the tubes. It is then only problematical as to whether ovaritis and general pelvic peritonitis will ensue. Much depends upon the virulence of the septic process, and the mechanical status of the tubes. So long as drainage is accomplished into the uterus, nature is materially assisted and resolution may occur, but flood the pelvis with bloody serum or pus and the gravity of the condition is at once apparent.

The influence which gonorrhœa exercises upon the uterus, tubes and pelvic tissues has not been exaggerated from the standpoint of the frequency of its occurrence, but from the position assumed in respect to its severity.

Bernutz found 28 cases of gonorrhœal origin in his total of 99. In my own experience I have found only one case of salpingitis of a gonorrhœal origin necessitating a laparotomy. I have met with a number of the milder forms of salpingitis in which this influence undoubtedly had a causative relation.

I am disposed to believe from my own experience that gonorrhœal salpingitis runs a much milder course than the septic varieties, and that one of the chief results which it establishes is sterility. In these cases the relation of cause and effect can be traced, in many instances, with a marked degree of reliability.

It has been frequently observed that prostitutes are generally sterile and the cause for this sterility has been attributed to the influence of the gonorrhœal poison which is so prevalent among this class of women.

I have had few opportunities for verifying this statement, but I am in a position to assert that among the newly married women of the better class, the effects of gonorrhœa are not infrequently manifested in mild attacks of intra-pelvic inflammation coming on very shortly after the institution of the marital relation. In cases of this character the first symptom observed is the presence of a leucorrhœal discharge coming on a few days or weeks subsequent to cohabitation, which is followed by disturbances of menstruation, either excessive or scanty flow, intra-pelvic pain, tenderness over the abdomen, febrile disturbances more or less marked and a subsidence of these symptoms followed by endometritis and absolute sterility. In two cases of this character under my personal observation, I was able to trace the outbreak of inflammatory trouble to a latent gonorrhœa in the husband rekindled under the influence of the sexual relation. This idea of latent gonorrhœa, suggested by Nœggerath some years ago, has been confirmed by the experience and observation of so many men that it is now accepted without derision and as a correct etiological and pathological quantity.

The sum and substance of the theory is capable of positive and successful demonstration. Many men enter the marital state apparently cured of every trace of gonorrhœal inflammation. They are conscientious and honest in their convictions as to perfect exemption. Many of them have obtained clean bills of health from equally honest medical advisers, and yet in spite of this fact, evidence is subsequently presented in abundance to show that a urethritis has been re-established and that a virtuous and pure minded wife has been innoculated with a specific poison which has wrought greater or less damage upon her generative apparatus.

This picture is not fanciful nor overdrawn. It has a practical exemplification in too many instances to be denied or to be disregarded. We are in duty bound to take notice of this etiological influence in a study and treatment of intra-pelvic disease and to raise a hand of warning as a precautionary signal when consulted by men who propose entering upon matrimony, after having ex-

perienced the trials of a gonorrhœal urethritis.

It is not proper that this subject should be exaggerated in any way. It occupies such intimate relation to man's social and domestic ties, that it should receive thoughtful and judicious consideration. It is closely related to that kindred topic "syphilis and marriage", which has been so ably and cautiously handled by syphilographers. The argument so often advanced that the development of latent gonorrhœa in the male is present in such a small per cent. of cases and therefore the condition is over valued as a factor invalidating marriage, cannot be accepted lightly. I am prepared to admit that many men and women do escape unpleasant consequences in wedlock under the conditions here considered, but this statement takes no notice of the exceptions which always occur when the element of chance is weighed in the scale. If the ninety and nine give no returns the one unfortunate is sure to tell the story.

We can not be too careful in our judgment of the potent influence of gonorrhœal inflammation in the female pelvis established in this way. It is a condition established as treacherously as syphilis itself. We may vainly speculate as to the origin of uterine and tubal disease in certain cases where no other theory of causation will prove tenable, save the subtle and treacherous influence of the gonococcus. Bearing this fact in mind, we are in a position to understand the etiology and prevention of a large class of intra-pelvic inflammations and disorders, with their sequelæ and results.

Whilst we are able to account for the largest number of cases of intra pelvic inflammation upon the theory of a septic or gonorrhœal causation there a few cases, in which the origin of the trouble must be sought for in conditions entirely independent of any such influence. To quote again from Bernutz, I find that in the 99 cases of pelvic peritonitis related by him in as many as 20 cases, the origin of the trouble was referred to disturbances of the menstrual function, and that in 13 of these cases there was sudden suppression of menstruation, in nine of which the cause was due to taking cold at that time. Acute endometritis was in this manner established, the inflammation extending to the tubal mucous membrane, and from thence to the pelvic peritoneum.

These cases of sudden suppression of menstruation by exposure, or not infrequently from moral, emotional and sexual disturbances, are of common occurrence. They occur for the most part in young unmarried women, though found in all classes.

In the majority of such cases the attacks of intra-pelvic distress rarely go beyond the stage of active hyperæmia.

There is, as a result of disturbing influences, whether physical or mental in character, an active determination of blood to the intra-pelvic organs and tissues, inducing pain, fullness and discomfort in this region, and accompanied by more or less febrile movement and nervous disorder. We have in fact the typical condition of *suppressio mensium.*

But let this condition go beyond the stage of active hyperæmia and assume an active inflammatory form, then we have a condition of graver significance to encounter. In these cases we have the inflammation limited to the uterus, or to the tubes, ovaries or pelvic tissues. It may involve them all and leave the most astute diagnostician in serious doubt as to the exact locality and nature of the involvement.

My own experience with such cases has been small, but I have met with a sufficient number of them to learn to appreciate their significance and gravity under certain circumstances.

To my mind they constitute a distinct class of menstrual disorders to which the term ovarian or neuralgic dysmenorrhœa has often been given. Certainly painful menstruation is the most pronounced and constant symptom but that the pain is of

neuralgic origin I much doubt. There is undoubtedly a structural change present in these cases. Adhesions as the result of mild attacks of peritonitis are not infrequently found, or such alterations have occurred in the blood vessels, ovarian stroma or follicles, or in the mechanical arrangement of the organs as will occasion the symptoms observed in these individuals.

I hold to the opinion that these structural changes originate in the manner stated, *i. e.* in menstrual disturbances of moral or physical origin, followed by in the one case an active hyperæmia, and in another an active inflammation involving either mucous or serous surfaces or both.

The periodicity of these attacks is quite explicable. The hyperæmia of ovulation and the depletion which follows the menstrual flux are constant invitations to vascular disturbances in the female pelvic organs. When we consider the compensatory adjustments which nature must provide for the successful performance of a most intricate and delicate function, the marvel is that vascular disturbances are not more frequent and disastrous than are witnessed. As it is they occur in these case of intra-pelvic disorder with no definite regularity. I have now under my care a young lady aged 23 years, who has had five violent attacks of intra-pelvic inflammation since April last, in which the first attack was traceable to cold during menstruation, which established the train of disorders which have occurred with irregularity since, but in each instance associated with the menstrual period.

This patient has explained to me what I have observed with less success in other cases, the almost positive pathological condition going on within her pelvis during these attacks. To begin with, as a result of previous outbreaks of intra-pelvic inflammation there are evident traces within her pelvis of an enlarged tube and displaced ovary in the left region. Without being able to affirm with certainty the exact character of the lesion, I am inclined to assume that this patient has had catarrhal salpingitis the inflammation having passed from the mucous to the serous membrane involving the adjacent ovaries and pelvic peritoneum. With each outbreak the condition is intensified. In this her last attack, which I have just witnessed, her illness began a few days in advance of regular menstruation. The attack was introduced with violent and intense ovarian pain in each ovarian region, which soon extended over the entire abdomen as high as the umbilicus. Following the pain her temperature rose at once to 101°, pulse 130, very weak and thready, nausea and vomiting incessant Her abdomen was intensely tender to the least pressure, swollen and tympanitic. She had every symptom of general pelvic peritonitis in which inflammatory lymph and serum were freely thrown out. Her temperature rose to 102 4-5 and for several days I was apprehensive that pus was in course of formation. Fortunately this was not the case, as after the 10th day pain subsided, temperature fell, pulse improved and resolution of the effused products within her pelvis took place. This effusion I could make out quite distinctly in the right ovarian region as soon as her tympany disappeared.

Convalesence is now well established and yet with this return of apparent health there are lesions within her pelvis which must be removed, otherwise repeated attacks will occur and her life may be jeopardized if not sacrificed. What these exact lesions are I will not venture to say before I open her abdomen, but I am prepared to assert here that a laparotomy is as clearly demanded in this case as in any condition which it has been my fortune to meet.

NOTE.—

Since this paper was written I have operated upon the patient whose case is here recited. Whilst this operation resulted in the death of my patient, the lesson which the case teaches looses none of its importance in view of this fact. I was induced to do a laparotomy in this case with the hope that a removal of the intra-pelvic disease would prevent subsequent attacks of pelvic inflammation which greatly

In this class of cases we can find a distinct lesion as a result of the inflammatory process and this lesion in no small number of cases demands removal just as surely as the ovarian sac or pus tube. They represent the minor forms of intra-pelvic disease, but the symptoms which ensue from them are just as capable of constituting chronic and persistent invalidism as any met with as a result of intra-pelvic trouble.

To return now to the etiology of this form of intra-pelvic inflammations, we find that menstrual disturbances occupy the chief predisposing causal relation, and that taking cold during or about the time of menstruation is the exciting cause. Disturbances of circulation are thus established, catarrhal salpingitis is aroused, and in one way or another, localized peritonitis with adhesions, chronic ovaritis, abnormal ovulation, and other conditions are established which lead to the most painful forms of dysmenorrhœa in some cases and to persistent intra-pelvic pains in others, until invalidism is finally established.

The prevention of these troubles can only be reached through an intelligent understanding of the menstrual function and a thorough education of mothers and daughters as to the claims which this function makes upon womanhood.

So long as the claims of society are set above all physiological and hygienic considerations just so long will these cases exist.

endangered her life, and that she might be redeemed from hopeless invalidism and restored to health.

Under the most favorable surroundings and under strict aseptic precautions, her abdomen was opened and explored. The intestine, peritoneum and omentum were deeply injected and presented evidences of recent peritonitis at every point. The tubes and ovaries were firmly tied down in the pelvis by strong and resisting bands of adhesions. Both tubes were so destroyed and charred as to bear no resemblance to a normal condition. The right ovary was cystic, whilst the left was so friable that it broke down under the slightest pressure and was removed in shreds. The blood vessels were enlarged and so numerously supplied to the newly formed tissues, that much difficulty was experienced in the operation from hæmorrhage. This could only be controlled by packing the pelvis with sponges and using large quantities of hot water. The patient rallied from the shock of the operation, and did well until the close of the first 48 hours. On the morning of the third day she showed evidences of cardiac weakness and depression, which resulted in death on the fourth day. Her abdomen had been kept clean through a drainage tube, and no evidences of hæmorrhage or of sepsis were present.

Repeated attacks of peritonitis had induced pronounced anæmia and debility in advance of the laparotomy. In this manner the way had been paved for a final break down from the shock, hæmorrhage and depression of an intra-pelvic operation. Here the laparotomy was made a *derneir resort*. It would most probably have given different results if instituted in the beginning of these attacks of peritonitis.

ANÆMIA AND ITS TREATMENT.*

BY JOSEPH GICHNER, M. D.

(*Continued from page* 383.)

There are so many factors in causing anæmia, that we must seek to arrange the cases in some order, and I use the classification adopted by most writers on the subject, dividing it into *a*, secondary or symptomatic anæmia; *b*, primary and idiopathic anæmia.

Secondary anæmia met with frequently is easily recognized, and oftenest well treated, because it usually depends either on loss as in hemorrhages or excessive destruction as result of inflammation, fevers, poisons absorbed, etc, and it requires only time to let the intact blood producing organs replenish the loss. Of course good nourishment and such tonics as will stimulate hemogenetic functions will hasten the cure in all these cases.

It is a very interesting study to note from day to day, after an excessive hemorrhage, the rise of blood in corpuscular value.

One form of anæmia, however, that I have not seen mentioned much, and which is interesting to us as it occurs very

*I am indebted to a large degree to Stephen Mackenzie, M. D., F. R. C. P., for many points gotten from his Lethsomian lectures on anæmia.

often in our own country, is that accompanying or following malarial poisoning. Here we have undoubtedly a destruction of white corpuscles

We find, long after malaria has ceased, enlargement of the spleen in many cases, especially in those in which the paroxysm was not acute; even in people living in malarious districts who have not had distinct malarial manifestations the so-called ague cake or enlarged spleen is found. Now if we ascribe to the spleen with corpuscles forming properties such a condition explains itself. One other purely blood destroying or hemolytic condition I wish to mention is paroxysmal hæmoglobinuria, which is brought on by cold. Very many red corpuscles are destroyed in the course of an attack in very short time, with marked lowering of the hæmoglobin value of the blood, but still if the condition the cause of the blood destruction is ameliorated rapid improvement and restoration to the normal takes place.

Some reference to the various symptoms of anæmia are not out of place here and I will refer to them in their order.

In hemorrhage the blood pressure is diminished; the lymphatic system replaces the water with its own own plasma; the nourishing parts and salts are supplied from the food, but corpuscular loss is but gradually restored. In hemorrhage the red corpuscles are especially deficient, as the colorless corpuscles, from their position along the walls of the vessels are not lost in such great numbers, and then they are soon replenished by the corpuscles from the lymph. Successive hemorrhage at intervals are more dangerous than a single hemorrhage, even if the amount of blood lost at one time is in excess to the loss at separate times together, as it interferes with the reconstruction.

It has not as yet been ascertained how great a loss of blood the human subject can bear, but it must be great from the observation made of recoveries after very great loss. as sometimes at parturition and formerly at operations.

In all forms of anæmia except probably in chlorosis, the red corpuscles are diminished; the greatest reduction, however, is found in pernicious anæmia in hemorrhage and purpura and in some cases of malignant growth.

The lowest number of corpuscles that can be reached without being fatal has been estimated at 7.5 per cent.

To estimate the degree of anæmia various measures have been adopted, but the general practitioners in this country are yet too sparcely supplied with microscopes to make exact division in their practice from actual blood count.

Dr. Stephen Mackenzie's* division is from 80 to 65 per cent. of red corpuscles, the anæmia is moderate, decided anæmia from 65 to 50 per cent., grave at 50 per cent., and usually fatal at 10 per cent., (7. 5 actually.)

The relative hæmoglobin richness is an important element and often modifies the prognosis.

M. Hayem has shown that even with a very small percentage, if the hæmoglobin is distributed among a large number of small globules, the anæmia is less grave than with the same amount of hæmoglobin is a smaller number of larger globules.

The difference in size of the corpuscles is great in both primary and secondary anæmia, and variously deformed red corpuscles are found, also in some case nucleated red corpuscles have been seen in the marrow. A relative increase of white corpuscles is rarer in anæmia than was formerly supposed, though it sometimes occurs in cases of profound anæmia. Hæmoglobin variations and diminution occurs in cancer, and purpura, but mostly in chlorosis.

A frequent and important symptom of anæmia is the liability to hemorrhages; epistaxis, menorrhagia and bleeding from the gums is most common, but sometimes we have hemorrhages from the stomach or bowels.

Extravasations into the retina are fre-

*Brit. Med. Jour., Jan. 24, 1891, page 164.

quently seen and sometimes into skin as in purpura.

Cardiac symptoms are often present in cases of pronounced anæmia and vary very much. Murmurs are occasionally heard, which would lead us to suspect organic trouble. Enlargement of the cardiac chambers may be caused by anæmia of grave type as also fatty degeneration.

Œdema is slight in anæmia except toward the close of some severe cases. It is not uncommon in chlorosis and this trouble has been mistaken for Bright's disease on that account.

Breathlessness and palpitation occur, and are due to feeble cardiac power and deficiency of oxygen carriers in the blood.

Occasional and irregular pyrexia is not uncommon in anæmia of any nature, but are more pronounced in chlorosis and pernicious anæmia, and the rise of temperature occurs always together with other grave symptoms, as evidence of blood destruction.

Examinations of the urine will give us valuable information in cases of anæmia. Albuminuria is not uncommon in the late stages of severe anæmia.

Disturbances both functional and organic, of the digestive system are often met with in all forms of the disease under consideration, and they may be either the cause or the effect of the trouble. Nausea and vomiting, anorexia and gastralgia are very common. Constipation or diarrhœa are not especially characteristic of any form of anæmia.

Nervous symptoms are very often present, and manifest themselves either in general irritable weaknes, impairment of mental activity, in neuralgic affections, which the late Dr. Anstie most fittingly explained as the cry of the nerves for healthy blood.

Profound chronic anæmias as well as acute anæmias sccasioned by severe hemorrhage, are often accompanied by delirium and convulsion before death, or followed by coma. Amanrosis from optic neuritis with following atrophy occurs in some cases of anæmia, especially that following great loss of blood.

(*To be concluded.*)

Society Reports.

THE PHILADELPHIA ELECTRO-THERAPEUTIC SOCIETY.

The February meeting of this society was held at 36 North Nineteenth street, February 8. President G. Betton Massey, M. D., in the chair. The minutes of the last meeting having been read and approved, and the treasurer's report having been received and accepted, the society went into the election of officers for the ensuing year, with the following result:

President, Matthew W. Grier, M. D.; Vice Presidents, I. P. Willits, M. D.; and Horatio R. Bigelow, M. D.; Secretary and Treasurer, Wm. H. Walling, M. D.; Executive Concil, Drs. G. Betton Massey, J. J. Taylor and W. H. Walling.

Dr. Massey then read the following paper:

ELECTRO-PUNCTURE OF A CYSTIC GOITRE; DISAPPEARANCE OF BOTH CYST AND GOITRE.

A maiden lady, aged 41, was brought to me by Dr. Emily W. Wyeth, October 1, 1889, with an irregularly shaped goitre, about the size of a small orange. The left lobe was much the larger and was the seat of a monocyst of considerable proportions which had increased very much during the last year, the growth having been noticed about seventeen years. The circumference of the neck at this point was sixteen and three-eighths inches. Treatment was begun by a negative puncture of the cyst with a solid needle, 35 milliamperes being used for fifteen minutes. This was followed by

considerable oozing of a straw colored liquid. Four days later the cyst was evacuated of its contents, measuring an ounce and a half, and 40 ma. negative applied to the cyst walls for ten minutes, by means of the canula acting as an electrode, the latter being insulated as far as the cavity. This procedure was repeated five times subsequently, with current strengths rising to 100 ma., the cavity being permitted to refill after each puncture. Careful measurements showed that the cyst was refilling more slowly after each application, but on December 9, it was decided by Dr. Wyeth and myself to make a free opening and apply the positive pole, by means of a gold bulb electrode, to all sides of the cavity at stated intervals, maintaining free drainage in the meantime. This procedure was required but twice, with currents of 100 and of 50 ma., the drainage tube, which was most assiduously looked after by Dr. Wyeth, being gradually shortened and removed on the 7th day. During this time the patient suffered a slight rise of temperature, due to a temporary obstruction of the discharge by accidental removal of tube. By February 21, nothing remained of the growth but a cicatrical lump about the size of a peach stone, and two months later this had also disappeared without further treatment.

In the

DISCUSSION,

Dr. Greer said: Has never treated the cystic variety, but has used outward applications on true goitre, with currents of not over 25 ma. He used tin electrodes covered with muslin, placing the positive pole on the inferior cervical ganglion, and two negative plates upon the tumor, one on each side. The sittings lasted for five minutes each, being repeated three times a week, for from two to three months. Some preparation of the iodides was also used. Favorable results were obtained in about 50 per cent. of the cases.

Dr. Peterson spoke of a case in which the fluid extract of ergot was used, with good effect, being applied to the tumor upon the positive pole.

Dr. Bigelow: There is a canton in Switzerland in which you cannot walk out without meeting a goitre. The disease is not confined to those who drink the waters, neither to those who carry heavy burdens on their heads.

Dr. Bigelow could not see why the same treatment should not be followed in a fibroid in the neck, as well as in any other part of the body.

In a cystic tumor the action of the current was: 1. Electrolysis. 2. The arresting of the secretion, and 3. To compel absorption. He also thought that constriction should act well in such cases. Dr. Neggaroth uses the faradic current in overcoming ovarian cysts. He applies the negative pole to the ovaries, per vagina, and the positive on the abdomen, using swelling currents for an hour at a sitting, obtaining good results in six weeks. It must be the heavy voltage that acts so favorably, and if in one case, why not in another?

Dr. Greer had used faradism in goitre, but abandoned it on account of its unpleasant effects.

Dr. Walling: Dr. Massey says that he emptied the cyst before applying the galvanic current. We must be guided by expepience, as well as by theory. Why was the positive used? Was not the negative pole the one indicated? In the treatment of hydrocele, Dr. Walling does not drain the sac, unless it is extremely distended, and then but little. Use the negative needle in the tumor, and the positive on the thigh, with a current strength of fifteen ma. for fifteen or twenty minutes. He had excellent results in such cases. Scarcely any inflammation followed, and the contents of the cysts were rapidly absorbed. with obliteration of the sacs.

He had used the strong faradic current, but saw no benefit from it, although it caused strong contractions of the muscles. Why not treat other cysts in the

same way? You cannot reach all parts of the surface of the sac, after emptying it, while some parts would be unduly acted upon, tending to set up to much inflammation. What better electrolytic than the fluid in the sac, thus reaching every portion alike.

Dr. Massey said he was disposed to regard the faradic current as of no value in cystic tumors; but in one case, where a cyst developed in a fibroid, he used a strong faradic current with great advantage. He regarded aseptic aspiration, followed by electrolytic puncture, as the best procedure in cystic conditions.

The Society then adjourned.

WM. H. WALLING, M. D.,
Secretary.

EXCISION OF THE SAC IN A CASE OF SPINA BIFIDA.

J. Stewart, M. B., C. M., relates an interesting case of spina bifida with excision of the sac, in a letter to the *Brit. Med. Jour.*, Feb, 21, 1891, which seems interesting enough to bring it to your notice. Mrs. H., aged 36, was delivered of her eighth child on June 13th, 1890. The nurse drew attention to a projection on the child's back, which turned out to be a spina bifida. This was situated at the lower lumbar region, and was the size of a hen's egg. The most prominent part of the tumor was menbranous and semi-transparent in appearance, with leashes of blood vessels coursing over it. The gap in the bones was made out to be small, the tip of one's forefinger easily plugging it. Manipulation quite satisfied us that a pedicle was present. The child was healthy and strong, and everything pointed to a suitable case for operation.

The child being under A C E, Dr. Alfred Swann dissected two flaps of healthy skin from the sac, and placed a ligature of chromicised gut around the pedicle. After opening the sac and finding that no nerves were present, he tied his ligature, cut away the sac, and stitched up the flaps. The dressings were antiseptic. No leakage occurred, and the flaps united by first intention.

This child has also a hypospadias of moderate extent at the proximal end of the penis. Taken along with the spina bifida, this seems interesting, particularly when the family history shows no previous occurrence of either deformity.

ANIMAL VS. HUMAN LYMPH.

In reply to the question propounded by the Board of Health of the Department of the Seine by the Prefet of that territorial division, as to the advisability of substituting animal for human lymph in vaccination, Dr. Lancereaux, specially deputed to report on the subject, pronounces decidedly in favor of the animal product, and recommends the discontinuance of human lymph. The reasons adduced in support of this conclusion are the immunity from risk of communicating syphilis, erysipelas, lymphangitis, etc., and the greater facility of procuring the calf lymph in a pure state, the source being picked animals placed under the most favorable hygienic conditions. M. Lancereaux attributes to the general employment of the calf lymph the increasing favor with which the practice of vaccination, and especially revaccination, is regarded in France.

THE CANADIAN SAMPSON.

Canada has a man who is credited with lifting 3,993 pounds, almost two tons, without any harness. He is 5 feet 9½ inches tall, and weighs about 240 pounds. With regard to his habits, he says: "I abstained two years ago from liquor and tobacco; before that, used to take them regularly. I am three times better off since then. I gained in strength enough to lift 700 pounds more in these two years. Liquor is a bad habit, anyway. Tobacco, too much of it, is bad. I am three times better off since I gave them both up." He eats five or six pounds of meat daily.

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BALTIMORE, MARCH 7, 1891.

Editorial.

MORE ABOUT MEDICAL EDUCATION, MEDICAL COLLEGES, ETC.

The last report of the Illinois State Board of Health furnished us last week with the motive for some remarks on the general subject of medical education, &c., but our limitation of space prevented us from discussing the questions as fully as we thought desirable. We must therefore beg the indulgence of our readers for again referring to the matter. The fact that the average American degree in medicine is not regarded with much respect in Europe, is well known to all, and the reasons for this state of affairs is sufficiently obvious to any one who has taken the trouble to compare the means and facilities for obtaining the degree among us, and the average cost of the same, whether estimated in money or intellectual work, with the difficulties in the way of the candidate abroad. The patriotic but unsatisfactory explanation that the American student is brighter than the foreign one, and that he only needs half the time required by that benighted individual to do the same work, will not suffice. Not only is the foreign student required to spend more time and money, and to undergo more rigid examinations for the degree, but he is also required to bring to his work a much more advanced state of preparation. The natural consequence is, as could only be expected that the foreign student is better educated. We are not disposed to underrate the ability of the American student. He can do more under the same circumstances, we verily believe, than any one else. We have been astounded at the industry shown, and the results accomplished by many an uneducated American youth in grappling with medical problems and mastering technical details. But we have always felt that it would be much better if the same industry and natural intelligence were given a better preparation and more time, and we think there can be no doubt that the tendency in these two directions will result in a much higher average in the quality of the output of our medical colleges. Moreover, the attainment of the medical degree is far too cheap from the purely financial point of view. This results in the too rapid increase of physi-

cians and in the admission to the profession of men who are really too poor to wait for practice in the regular way, and are constrained to adopt irregular methods or cheapen professional work. The report sums up the defects of the American system in the following way and we believe all those who have devoted much time to the consideration of this question will agree with the conclusions. 1. Too little preliminary education and thus a lack of ability to grasp scientific principles. 2. Too much didactic work by the teachers. 3. Too little clinical work by the students. 4. Too few tests of practical work. 5. Too short a time of actual work and study. Increasing the preliminary qualifications and lengthening the time of study will remedy the other defects, and will kill off the worthless and low class schools.

. . . .

While we are heartily in favor of doing all that is possible in increasing the respectability of the medical schools and bringing their standard up to the point of equality with the best, we cannot hope that efforts in this direction alone will accomplish all that is desirable. There will always be schools which are ready to furnish the goods as long as there is a demand for cheap diplomas. And there always will be this demand as long as there are states where a cheap diploma has as good a standing in law as any other. A glance at the table in the report which shows the present state of medical legislation is somewhat discouraging but the number of late improvements gives us cause to hope. We find that 9 states and territories have no law at all, 6 have a law requiring the examination of the candidate for licence, and 25 have a law requiring the registration of the diploma. Of these 25, last mentioned, there are 7 which require that the diplomas shall have been conferred by colleges coming up to certain requirements and demand an examination in all other cases. Subtracting these last 7 from the 25 and adding the 9 which have no law at all we have the total of 27 states and territories in which a Buchanan diploma is as good as one from Harvard or the University of Pennsylvania. It is quite obvious that so long as this state of affairs continues there will be occupation enough to pay the low class colleges to continue in the business. There are, in fact only 7 states in which the respectability of the college whose diploma the candidate for licence bears is called in question. Of course, it is a matter for congratulation that there are so many, and the fact that the colleges are all on record, as it were, in these states must have a wholesome effect, but a wide field is still left open. It has always seemed to us that the method adopted by the states (7) whish require an examination irrespective of the standing of the college from which the candidate graduated is the fairest and most practical. The board in these states habitually publish the results of their examinations and thus keep a record of the quality of the work done by the colleges and at the same time preserve perfect fairness to the individual.

. . . .

We need scarcely mention that our own State figures among those which have no effective law regarding the license to practice. This is not the fault of the more reputable schools, nor of the legislature of the State. During the last

session, the legislature considered the subject in a liberal spirit, and seemed to be anxious to do what was right in the matter. In fact, a law which contained all the essential elements of the laws of Virginia and North Carolina, was passed, after thorough discussion and with the practically unanimous agreement of the whole profession, both regular and homœopathic, but under influences which it would be idle to discuss at this time, and for reasons which penetrated the executive brain, without being obvious to the rest of the world, it was not signed by the Governor, and so was lost to the State. We sincerely hope that the failure will not discourage the profession, and that by the time another legislature assembles such an organization will be effected as will be able to successfully demand a proper law.

INSANE ASYLUMS AND THEIR ABUSES.

Mr. Albert Bach a lawyer of New York City, at a recent meeting of the Medico-Legal Society read a paper on "Lunatics, Real and Fictitious and their Treatment." Mr. Bach has given a good deal of attention to the alleged improper confinement of sane persons in insane asylums and is said to be engaged in a suit against the managers of the Utica Asylum, the main ground of which will be the detention of the letters written by inmates to their friends.

The suit will be watched with much interest when it gets into the courts, as it does not seem that there is any right or justice in preventing inmates from communicating with their friends.

If there are abuses in asylum management, any one ought to have the opportunity of the mails to make them known.

DYING DECLARATIONS OF CRIMINALS.

Dying declarations are usually received as competent evidence in courts of law, but a Kentucky court recently made an exception in the case of a man who was taken from jail by a mob together with a man alleged to be his accomplice in a murder. Just before the former was hanged, he confessed his guilt but exonerated his alleged accomplice.

When the latter was brought to trial for the crime, the dying statement was offered in evidence, but was excluded, the court stating the rule to be as follow: "Dying declarations are only allowed when made by the deceased where his death is the subject of the investigation, and this is allowed from mere necessity, so as to prevent the murderer from going unpunished, and we know of no instance where the declaration or confession of a confederate in crime is allowed, unless a part of the *resgestæ*, to exculpate or convict one charged with a crimal offense."

BURGLARY VS. ABORTION.

A correspondent of one of the law journals writes to say that in Michigan, burglary is evidently considered a much more heinous crime than abortion. The armed burglar is liable to 20 years in the State prison, and the unarmed to 15. The outside penalty for abortion is a years imprisonment in the county jail and $500 fine.

RESTRICTIONS ON THE SALE OF MORPHINE.

The Association for the study and cure

of inebriety holds regular meetings at the Academy of Medicine, in New York city, and discusses questions connected with the important subject of inebriety. At a recent meeting the topic was: "The Use of Alcohol in Therapeutics" and after the reading of papers and a discussion, the following resolution proposed by Dr. J. B. Mattison, of Brooklyn, was adopted: *Whereas*, The facility with which morphine, chloral and cocaine can be procured from pharmacists, and the filling of prescriptions containing these drugs, is a potent factor in the rise and progress of diseases. Be it *Resolved*, As the sense of this Astociation, that no retail druggist should sell morphine, chloral or cocaine except on a physician's prescription, and that no prescription containing morphine, chloral or cocaine should be refilled except on the written order of a physician."

The Association appointed a committee consisting of Dr. J. P. Mattison, Dr. S. D. Cruthers, of Hartford, Conn., and S. L. Wright, to secure legislation which would carry out the resolution.

APPEALS IN MURDER CASES

New York has two murderers under sentence of death by electricity who have made appeals to the United States Courts and hope in this way to stave off execution for an indefinite period. This action on the part of their counsel was new in criminal actions and many persons have been appalled at the prospect opened of appeals to one court after another which might prevent the carrying out of the judgment of the trial courts for years. The Attorney General of New York, has just filed notice of a motion to dismiss the appeals on the ground that they were taken only for purposes of delay and that there are no errors which the United States Courts can take jurisdiction of.

If the Courts sustain the right of appeals it is quite likely that Congress will pass suitable legislation which will prevent appeals on purely frivolous grounds.

Historical.

A TRIBUTE TO THE MEMORY OF DR. JOHN RUSSELL QUINAN.*

By the kindness of Mr. Allen B. Quinan, of Baltimore, I have the melancholy pleasure of presenting a photograph likeness of his lamented father, Dr. John Russell Quinan, lately deceased, an honorary member, and a good and true friend, of our Society. I can not allow the occasion to pass without giving a sketch of his useful and honorable life. Before doing this, however, I will present a brief account of a few of his ancestors whose careers, mostly in the old world, were of exceptional interest, while the tragic fate of one of them must move us to abhor the tyrants who brought it about.

Dr. John Russell Quinan was a great grandson of Dr. Thomas Quinan, of Dublin, whose third child, Michael, of County Waterford, was Dr. John R.'s grandfather, Thomas Henry Quinan, the doctor's father, was the eldest son of Michael and his wife Amynta, and was born in 1795, at Balbriggan, Ireland. He received a good education, and in 1817 married Eliza Hamilton, in Dublin. Soon after their marriage, they emigrated to the United States, settling in

*Remarks made on presenting a likeness of Dr. John Russell Quinan. Read before the Harford Historical Society, Jan. 23, 1891. By Dr. Geo. W. Archer.

Philadelphia, where he opened a female seminary. He afterwards conducted a similar institution successively in Reading, Lancaster, Chambersburg, Alleghany City, Louisville and Cincinnati. He next studied divinity under the late Bishop McIlvane, and after taking priests' orders, assumed charge of a church in the Western Reserve of Ohio. He was next called successively to Sandusky, Georgetown and Baltimore, first as assistant to Rev. Dr. Wyatt, and afterwards of Rev. Dr. Johns, of Christ church, and lastly to the Church of the Evangelists, in Philadelphia, where he officiated for many years, and built up a large congregation. He next removed to Baltimore, where he was chosen Superintendent of the Maryland Bible House, which he faithfully served for nineteen years, when the burden of old age compelled him to resign. He died Oct. 4, 1874.

His fifth child, Dr. John Russell Quinan, was born in Lancaster, Aug. 7, 1822. He was educated partly at home and afterwards at Woodward High School (now college), Cincinnati, and at Marietta College, Ohio. He studied medicine under the late Prof. John K. Mitchell, of Jefferson Medical College, graduating M. D. at that institution in March, 1844. Soon after receiving his medical degree he married Elizabeth Lydia Billingsley, and removed to Maryland, settling in Calvert county, where he was in active practice until 1860, when he was appointed to the only political office he ever filled, the superintendency of the public schools, which he held for five years. This office he accepted at the solicitation of the people generally, and at a great sacrifice of his interests; for being resolved to give his undivided attention to the work, which called loudly for reform, it necessitated the temporary abandonment of his professional labors. He introduced many reforms into the educational method then in vogue, and gave great impetus to public instruction in the county. He virtually transformed his home into a teacher's institute and as a necessary result of it all, he was at the end of his term a much poorer man, for which, however, the consciousness of having materially improved the school system, must have been a moral compensation of no little value to a man of his generous impulses and public spirited views.

In 1865 he resumed the duties of his profession, and two years later removed to Baltimore, where he was in active practice until his death. In 1879 he became a member of the Medical and Chirurgical Faculty of Maryland, and during the next few years was on several important committees. In 1884 he was chosen Vice-president of the Faculty, and two years later its President. He was also a member of the Baltimore Medical Society, of the Clinical Society of Baltimore, of the Historical and Political Science Association of Johns Hopkins University, of the Microscopical Society of Baltimore, and as you all know, an honorary member of the Harford Historical Society.

During his professional career he found time to write many works. His literary record, as far as medicine is concerned, embraces: Non-Identity of Croup and Diphtheria, (read before the Balto. Med. Asso., and published by their request in *Md. Med. Jour.*, Balto., Aug. 8, pp. 211-239, 1878); The Uræmic Theory, *ibid* 7, pp. 193-198, 217-224, 1880; Historical Study of the Invention and Publication of the English Mid-wifery Forceps, *ib.* 8, pp. 292-296, 1881; Biographical Sketch of Dr. Geo. Buchanan, *Trans. Md. Ch. Fac. Md.* for 1881; Remarks on presenting to the faculty the diplomas of John Archer, M.A., donated by Dr. Geo. W. Archer, *ibid.* 1881. (This medical diploma was the first ever issued in America); The Introduction of Inoculation and Vaccination into Maryland, Historically considered (read before the Balto. Med. Asso.), *ibid* June 23 and 30, 1883; Illustrations of Medicine in "Ye Olden Time," Inquests and Autopsies *ib.* May 26 and Sept. 1, 1883; *Juries* of Matrons, *ibid*, July, 21, 1883; Medical Fees *ib.* Sept. 22, 1883; Drs. Alexander Hamil-

ton and Upton Scott and the Tuesday Club, *ib.* Aug. 4, 1883; Comments on Dr. Gees, Address on Literature of Chil dren's Diseases *ib.* Dec. 1, 1883; The Medical Annals of Baltimore from 1608, Including Events; Men and Literature to which are added a subject Index and Record of Public Services, Balto. 1884. (This work was prepared by request of the Med. and Chir. Fac. as you of course know. The book, as a work of original and pains-taking research speaks for itself, but only men who, like yourself, have done much historical work, can appreciate theamount of labor such a work involves. Dr. Quinan accomplished it at great sacrifice of his interests, abandoning almost entirely his practice for its sake, and sparing no expense in reaching original authorities. After its publication, he thought to enlarge it into a Medical Annals of *Maryland*, and he had a copy interleaved with thin sheets of paper for additional notes. His lack of means prevented him from hastening the work, but he never abandoned the idea. Here before me is the copy I speak of, with enough additional material to cover, perhaps, a volume one-third the size of the original work); Physicians' Bills, Preference Claims, *ib.* March 6, 1886; The Chartered Rights of the Med. and Chir. Faculty of Md., being the President's address, April, 1886; Some books which all Physicians should read, Dec. 11, 1886; the Toner Collection *ib.* Sept. 11, 1886; Bleeding for Pneumonia, *Med. and Sur. Reporter,* Philadelphia, Aug. 2, 1890.

His works were published in the form of books, essays and magazine articles relating with few exceptions, directly or indirectly to his own profession or its members.

Suffice it to say, that they do credit to his indefatigable research and mental penetration. His "Medical Annals of Baltimore", an octavo vol., of 575 pp., is a monument of his unwearied diligence. It was published by the Medical and Chirurgical Faculty, and the Committe of Publication say truly of the work, "This remarkable compilation, which has no parallel in medical literature, is the result of many years of labor. . . Every physician and the relatives of deceased physicians should have a copy of this incomparable work." His latest and most ambitious effort he unfortunately did not live to complete. It was undertaken April 18, 1889, when he accepted the position of collaborator (chiefly in the department of botany and materia medica), "Upon Foster's Encyclopædic Dictionary of Medicine and the Colateral Sciences." The most comprehensive work of its kind ever published. The onerous task thus assumed, he discharged to the day of his death to the entire satisfaction of the editor in chief and publishers.

For many years Dr. Quinan was the leading physician in Calvert County, and after he removed to Baltimore, he was often sent for in urgent cases. But on these occasions not those alone who needed his skill were glad to see him, but the entire community enjoyed his endearing social qualities and his manly virtues. During the late war those virtues and qualities were subjected to the severest test and came out of it unscathed. Although an ardent Union man in that community of quite as ardent Southerners, there was not one of them all, who did not remain his staunch friend throughout that most bitter of contests. Not only did he intercede for those who were harassed by the military who were stationed in that section of the state, but scarcely was the war over, when he appointed a returned Confederate soldier his secretary in the superintendency of schools, against the earnest remonstrances of the leaders of his party who were less tolerant than himself.

Dr. Quinan, though enthusiastic in the study and pursuit of his profession, was very far from thinking that a physician should limit his knowledge to that narrow sphere. Indeed he at times expressed himself as doubtful of the skill of any doctor who studied nothing but his profession. Such a mind, he said, must either be to dull to interest itself

in what was most knowing, or must have become very narrow by bending itself exclusively to a single subject. Holding these views, he neglected no study that is calculated to expand the mind or touch the heart. Being a first class Latin scholar and well versed in Greek, with a respectable knowledge of French, German and Spanish, he had the range of a vast field of literature and the knowledge thus acquired was often called into use; for he carried on an extensire correspondance with magazines and newspapers devoted to historical research, antiquarian lore, and general literature, and with individuals in all parts of the United States engagged in such work; and to some of his most instructive and useful contributions he never appended his name. Yet amid all this labor he never failed at the request of his friends to run the round of the libraries and record-offices to search for items in which they were interested.

Of course his memory will be cherished by his intimate friends more for his engaging social traits than for his acquired knowledge, professional or literary. "I revere his memory" says one to whom he was very near, "more for his moral worth than for his literary attainments, I revere him for his wholesome hatred of meanness, for his vast sympathy; for his manly relish of life, for his dauntless cheerfulness that burned bright and steady throughout all his narrow fortunes; and for his generous views of truth which neither poverty nor the treachery of false friends could ever warp. If I were to write his epitaph, I would say of him in the language applied long ago to another: 'I never knew a man with a more tender heart for his particular friends, or with a more general sympathy for all mankind.'"

He was utterly fearless of the peculiar dangers which beset a physician. Of this he gave many proofs by his exposure to malignant contagious diseases. On one occasion he applied his lips to the mouth of a patient who was dying of diphtheria, as the last hope of keeping up life, through respiration. There never was a man with more sympathy for the poor, the unfortunate or for those suffering in any way.

As an illustration of this noble trait, during a terribly severe winter, sometime in the fifties, a steamer was ice-bound off Plum Point, on her way to Baltimore, and soon both fever and starvation were making sad havoc among the unfortunates aboard. Dr. Quinan with three or four others, went to work and with great labor broke the ice all the way to the vessel and carried provisions to the passengers and crew. He then turned his attention to the sick, not only giving them professional aid without any compensation whatever, but nursing them until the ice went out. Such acts surely mark a man as standing apart and far above his fellows. Indeed, it may be truly said that Dr. Quinan's life was a continuous sacrifice for the good of others.

Says a writer in the New York *Medical Journal* of Nov. 22, 1890, in a notice of his death, "Such men, though not filling the place in the world's estimation which is occupied by their more self-assertive colleagues, are still the true glory of the medical profession, and never more so than now, when the self-seeking struggle for prominence seems continually on the increase, and when the science of medicine itself, which is distinctively the science of benevolence and self-sacrifice, seems in danger of losing its character while its votaries are being swept along in the universal rush for riches and preferment."

SUMBUL IN CHOLERA.

The Russian Government has sent several physicians to Asia Minor to test the value of the sumbul treatment in cholera. The plant, ferula sumbul, is a native of Turkestan, and is much used in some localities as an antispasmodic, but the rationale of its use in the treatment of cholera has not yet been disclosed.

Correspondence.

Editor Maryland Medical Journal:

In reading the report of a discussion in the Philadelphia Obstetrical Society participated in by Dr. Price, Dr. Montgomery, Dr. Baldy and others equally well known, on the question as to whether or not wives were ever safe from husbands who had had gonorrhœa in the past, and whether or not women who had had gonorrhœa, afterwards could or did bear children, brings to my mind two cases in the opposite direction. Two male patients, who were attended by me for weeks with gonorrhœa, both of whom continuing at their daily work greatly exposed, had double gonorrhœal orchitis. They have both married since, have to all outward appearances, as far as I know, strong, healthy wives, neither of whom have ever been pregnant. I read an article some time since, (which I have since mislaid) in which it was claimed that double orchitis precluded impregnation. I would like some of your readers to take up this question on both sides. It is full of interest, and as gonorrhœa is as common in general practice as flowers in June, should be of service if properly handled.

W. Frank Hines, M. D.,
Chestertown, Md.

Medical Progress.

REMOVAL OF CYST FROM A KIDNEY.

Slajmer (*Centralbl. g. Chir.*, No. 5, p. 164,) *Brit. Med. Jour.*, reports a case of movable kidney, which contained cysts. The patient, who was a woman, aged 50, had previously been perfectly healthy. The tumor, which was of a doubtful nature, was situated on the left side of the belly. She had been confined, in all, three times, and her periods had ceased three months previously. The growth was close up under the ribs, and accompanied by no pain or urinary trouble, excepting that the water had not been so plentiful within the last few months. On opening the abdomen there were clearly detected two swellings, the upper one more or less kidney-shaped, and the lower evidently cystic in character, and covered with a shining layer of peritoneum. Under these circumstances a second incision was made at right angles to the first, so that the swelling could be reached on its retro-peritoneal surface. It was then discovered that there were two cysts, one about the size of a small apple, and the other about equal in bulk to a large orange. The cysts were emptied and part of the walls cut away, the edges being brought together with stitches; the peritoneum was carefully closed up, and the kidney sutured into its place posteriorly, with an excellent result.

TREATMENT OF PNEUMONIA IN CHILDREN.

In the *Revue Générale de Clinique et de Thérapeutique*, (*Med. News*), the following method pursued by St. Philip is given for the treatment of pneumonia in children. For the relief of the congestion he advises that quinine shall be administered by the mouth, by the rectum, or hypodermically. If failure of respiration exists it may be well to give the sulphate of quinine in a cup of black coffee. If the circulation is in a condition of excitement and there is much fever, from one to two drops of tincture of aconite every three hours should be given, and if the bronchitis is intense syrup of ipecac should be employed. If the quinine is given hypodermically it should be prescribed as follows:

℞.—Hydrochlorate of quinine, 30 grs.
Glycerin
Distilled water } of each 2½ drm.

Twenty minims of this solution may

be injected hypodermically, and it is better to warm it before doing so.

If suffocative catarrh comes on, recourse should be had to counter-irritation in the form of mustard-plasters or large blisters over the chest, or in other cases wet cups may be employed. The latter, however, are not to be used if the child is very young. If much nervous excitement is present opium should not be given, but tepid baths should be administered and antipyrine cautiously used. When the cough is troublesome inhalations of steam may be advisable. If the case becomes very serious and seems about to pass into a condition of collapse the aconite should be stopped at once and quinine and caffeine given by the mouth or hypodermically.

These drugs may be well supplemented by the use of digitalis and alcohol. Oxygen inhalations may be employed if the dyspnœa is marked, and injections of ether may be useful if sudden cardiac failure seems imminent.

TIC DOULOUREUX.

Dr. C. L. Dana (*Journal of Nervous and Mental Disease,* No. 1, 1891), while admitting that inveterate trigeminal neuralgias are usually caused by local disease, such as exostosis, aneurysm, syphilitic growth, contends that the ordinary cases of tic douloureux occurring after middle life, and affecting chiefly the second branch of the trigeminus, have no such etiology. The absence of permanent anæsthesia convinces him that neuritis and nerve degeneration must be excluded. On the other hand, in cases of progressive trigeminal anæsthesia, due to degenerative neuritis, there is but little pain. The following fact leads him to the belief that in many cases an obliterating arteritis of the nutrient vessels of the nerve is the cause of the disease in question: 1. The disease occurs only at the time of life when arterial degeneration commences. 2. It affects primarily and chiefly one of the terminal branches of the internal maxillary. 3. If it extend or recur, it involves the inferior dental. Rarely is the supraorbital nerve, which is nourished by a branch from the internal carotid, seriously affected; hence it follows a certain fixed vascular distribution. 4. Examination by him of four superior maxillary nerves removed in typical cases of tic douloureux showed absence of noteworthy change in the nerves. In three of them striking evidence of arterial disease was found. In the fourth case no blood vessel was present in the specimen. 5. Therapeutical experiences favor the theory. Nitro-glycerine sometimes relieves pain instantly, and for a prolonged period. Aconite, which is so useful in this disease, also lowers blood tension. 6. There is unquestionable evidence that removal of the peripheral nerves sometimes cures tic, consequently the disease is peripheral, and due to some local peripheral irritation. 7. By a new method of injection certain authors have discovered a closer and more extensive relationship between the nerve trunk and blood vessels than was hitherto known, suggesting that disturbance in blood supply may be an important factor in the causation of neuralgia. Even in old and typical cases Dr. Dana found the trigeminus, with its roots and nuclei, free from disease. In all cases were the blood vessels were examined they were obviously diseased. His argument is defective in that he has not examined the infraorbital arteries of healthy persons from 40 to 60 years of age, but he considers it safe to assume that most of the typical cases of tic occurring after middle life are due to arteritis obliterans of the infraorbital or inferior dental artery— terminal branches of the external carotid.—*Brit Med. Jour.*

TUBERCULOUS MEAT.

At the Nottingham Medico-Chirurgical Society, (*Lancet,* Feb. 27), Dr. Boobbyer exhibited the lungs, heart, liver, spleen and some lymphatic glands from a cow which had recently been seized, slaughtered and destroyed by the town

authorities on its exposure for sale in the fat stock market of the borough. He pointed out the very extensive infiltration of tuberculous matter, and comparatively small amount of necrotic action All the internal organs, excepting the heart, were more or less invaded. The left lung was affected in almost every part with miliary tubercle, and the liver was thickly studded with deposits of various sizes, some as large as oranges. He showed that the physical signs and special symptoms in so pronounced a case as this almost necessarily implied a guilty knowledge on the part of the vendors, although the magistrate before whom the case was taken declined to accept this view. The general emaciation, arched back, retracted abdomen, and staring coat, together with the frequent cough, jerky respiration from pleuritic adhesions, and continuous diarrhœa, were indications the import of which could not well be mistaken. Dr. Boobbyer briefly drew attention to the experiments of Toussaint, Bouley, Chauveau, Cornil, Arloing, Nocard, Peuch, Gerlach, Johul and others, with the flesh or juices of tuberculous animals upon others in a previously healthy condition, both natural ingestion and artificial injection being used, which all went to show that great risk of infection attended the use of the bodies of tuberculous animals as food for the healthy. Dr. Boobbyer described the attitude of the home and some Continental Governments and local authorities with respect to the important question of how far tuberculous disease in animals should be considered as rendering them unfit for food, and said that the Sheriff of Glasgow probably erred, if he erred at all, on the right side when he gave it as his decision, after hearing a large amount of evidence, that the simple presence of the disease, however slight its development, was in itself a disqualification.

A Society called the American Morphological Society has been organized in Boston.

Medical Items.

Dr. Richard Quain has been made a baronet.

Dr. John S. Dorsey, of Solomon's Island, has opened an office at California, St. Mary's County, Md., where he will continue the practise of medicine.

Dr. Edwin Hazen, one of the oldest and best-known physicians of Vermont, died at his home in Woodstock recently. Dr. Hazen had been in the continuous practice of medicine for half a century.

The death of Dr. Elisha Sterling, of Cleveland, O., is announced, at the age of 65. Dr. Sterling was well known as a naturalist, and to him is given the credit of being the father of fish-culture in this country.

It is said that Prof. v. Bergmann has had the second finger of his right hand amputated on account of threatened blood poisoning from an operation on a lupus patient who was undergoing the Koch treatment.

The Georgia Legislature recently tried to enact a law to prevent its doctors from getting drunk, and now Missouri is to consider the advisability of limiting the fee for a visit between 8 A. M. and 9 P. M. to one dollar, and for an office prescription to fifty cents.

Professor Mosetig, of Vienna, announces that in pyoktanin or methyl-violet, he has found a remedy for cancer. He does not assert that any cases are quite cured yet; but the results have been so satisfactory as to lead him to think a cure will be found in the aniline dyes.

Another claimant for priority in the discovery of an anti-tuberculous lymph has appeared in the person of Dr. Niepce, a French physician of Allward, who has addressed a letter on the subject to

the French Academy of Medicine. He states that he published a monograph in 1886, and refers to Cornil to substantiate his claim.

On Wednesday of this week, the publication office of the *New England Medical Monthly*, in Danbury, Conn., was practically destroyed by fire, together with a large portion of the March edition of the journal in sheets. The editor, Dr. William C. Wile, whose loss is said to be $8,000, will meet with the sympathy of the profession in general, as well as the indulgence of his subscribers.

The new building of the Woman's Medical College of New York City was opened for the reception of visitors on February 14. The sum of $63,000 has been raised already to defray the building expenses, and a debt of $12,000 remains. This, it is hoped, will soon be raised. Perhaps it would be obtained sooner if the worthy Dean were not giving her influence toward raising money for another medical college not yet existent.

A new society, entitled "The American Anthropometric Society," has lately been founded at Philadelphia, under the presidency of Dr. J. Leidy. Professor Virchow has been elected Honorary Vice-President. Its object is to have studies made of the brains of the members after they are dead. It is of the same character as the Mutual Autopsy Society which was started in this city some years ago, but which died before any of its members.

The Spanish Medico-Chirurgical Academy offers a prize of 250 pesetas and the title of corresponding member for the best production on the subject: "The Diagnostic Value of Icterus in Diseases of the Liver." (Valor diagnostico de la ictericia en las enfermadades del higado.) The essay, written either in Spanish, Portuguese, French, English, Italian or German, must reach the Secretary of the Academy, Jose Francos Rodriguez, Montera 22, Madrid, before September 15, 1891.

We have received a copy of the *Central Zeitung für das Koch'sche Heilverfahren*, which is a new journal devoted especially to progress in the treatment of tuberculosis and other infectious diseases. It appears on the first and sixteenth of each month. The current issue, No. 3 contains the article of Prof. Virchow on the changes produced in internal organs by injections of Koch's lymph, a continued article from the pen of Dr. Kammerer on the experience with the same remedy in Vienna, also von Gossler's regulations to prevent the spread of tuberculosis. In addition there is a *résumé* of other publications. It cannot be said of modern science, especially the German, that its light is under a bushel. The establishment of a new journal to exploit a discovery only a few weeks old, argues most praiseworthy activity.

At a meeting of the Amer. Assoc. for the cure of inebriety, held Feb. 18, at the Acad. of Medicine, New York, Dr. J. B. Mattison, of Brooklyn, offered the following preamble and resolutions.

WHEREAS, a leading cause of morphinism, chloralism and cocainism is the facility with which morphine, chloral and cocaine can be procured from pharmacists: and,

WHEREAS, the refilling of prescriptions containing these drugs is a potent factor in the rise and growth of these diseases. Therefore be it

Resolved, As the sense of this Association, that no retail druggist should sell morphine, chloral or cocaine, except on a physician's prescription.

That no prescription containing morphine, chloral or cocaine should be refilled except on the written order of a physician.

These were unanimously adopted, and a committe consisting of Drs. Mattison, Crothers and Wright, was appointed to secure legislation along the line of the resolutions.

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CONTENTS

ORIGINAL ARTICLES.

How shall we use Astringents in the Treatment of Eye Diseases? By Julian J. Chisolm, M. D. 419

Hydrogen Dioxide. 422

Anæmia and its Treatment. By Joseph Gichner, M. D. 424

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held Jan. 8th, 1891. The Differential Diagnosis and Treatment of Peripheral Neuritis. The Use of Splints in Fractures of the Long Bones. 426

EDITORIAL.

The Class of 1891. 429

Very Slow Pulse. 431

REVIEWS, BOOKS AND PAMPHLETS. . . 432

MEDICAL PROGRESS.

Examination of Urine for Life Insurance.—Four Cases of Excision of the Vermiform Appendix.—Twin Pregnancy: Abortion: Delayed Birth of Second Twin.—The Floating Kidney.—Operation for Graves's Disease—A Case of Tubercular Infection from Earrings.—Hydrocyanic Acid Antidotal to Tuberculosis.—The Curve of Health.—Contribution to the Study of Drug Eruptions. 433

MEDICAL ITEMS. 438

U. S. Army and Marine Changes. . . . 440

Original Articles.

HOW SHALL WE USE ASTRINGENTS IN THE TREATMENT OF EYE DISEASES?*

BY JULIAN J. CHISOLM, M. D.

Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in charge of the Presbyterian Eye, Ear and Throat Charity Hospital.

In accordance with my habit this Saturday's clinic will illustrate the didactic teaching of the preceding week, and conjunctivitis has been the subject. It is only by these object lessons that the word painting of the week can be made useful. As this is one of the common affections of the eye which you should be able to recognize at sight, I have purposely grouped the cases so that you can take in at a glance the various phases which this disease of the eye exhibits. They are all the so-called *colds in the eyes*, or as the books term it, ophthalmia. As a class, they have as the most conspicuous symptom a redness of the surface of the eye ball.

A red eye as a rule means conjunctivitis, and the degree of injection marks the degree of inflammation of this anterior lining of the eye ball. There are other inflammations of the eye which also cause redness. One particularly, in which the greatest degree of congestion is found concentrated around the outer ring of the cornea. I have brought you a case that indicates clearly this red ring. It belongs to the disease known as iritis. In all the other patients which we are looking at, the general injection is most marked on the inner face of the lid. The remembrance of this one fact viz., that the greatest degree of redness in conjunctivitis is on the inner face of the lid, while the most marked redness in iritis is a

*A Clinical lecture delivered before the medical class of the University of Maryland.

zone of injection around the outer border of the cornea, is a point of great value. It will enable you to make a diagnosis between these two different diseases, the treatment of which differs so totally one from the other.

The first case that I will especially call your attention to is a young man whose eyes burn in the evening, when exposed to artificial light. They then feel as if sand had gotten into them. After a night's sleep he finds a tendency of the lids to stick together. The face of the eye ball is not much injected, but upon drawing down the lower lid, you see a much redder surface than belongs to a healthy conjunctiva. We shall call this a hyperæmia of the conjunctiva, or a mild case of conjunctivitis. Such a condition often comes from some error of refraction, with forced use of the eyes, causing *eye strain*. To successfully treat this patient, we must first find out whether his eyes focus correctly. Should he need glasses, they must be worn for the purpose of correcting the refractive fault which keeps up the injection. In addition to the glasses a mild astringent will be prescribed to remove the existing inflammation.

The formula will be borax gr. x, aqua, camphora ℥i, aqua ℥ i. This is as much camphor water as is comfortable to patients. I will also write for a drop tube to facilitate the using of this application. Three or four times a day, a few of these drops will be put into the eyes. The better method is to have the patient rest his head on the back of the chair in which he is sitting, throw the chin high up so as to make the face horizontal with the ceiling, put some of these drops in the depression at the inner angle of the eye, stretch the lids apart and allow the drops to flow in upon the eye ball, where they should remain for some minutes. The eye will only hold a few drops. The excess is wasted on the face. No harm can come, therefore, should the drops be liberally used.

In this second case, which represents a large group, you see the eye much more injected. The inner face of the lid is quite velvety in its diffused redness. Over the entire so called white of the eye is a network of injected vessels. As the lid is drawn downward strings of whiteish mucus is seen. These eyes are painfully gritty all the time. Although the patient has only been affected since yesterday, this morning the lids were so stuck together that they had to be pulled apart. His sight is good, but strong light is annoying. He thinks that he has caught a cold in the eye and this is the name usually given to this form of conjunctivitis. We see here a higher degree of inflammation than the one previously shown, therefore, a stronger astringent would be preferable to the borax solution. As a type of what such an application should be I will write sulphate of zinc gr. 1, aqua rose ℥i., a few drops in the eyes three or four times a day. This is as strong as I ever find it necessary to prescribe the zinc solution. Even 1 gr. to ℥ i, will be often very harsh when coming in contact with the sensitive surface of the conjunctiva, and will be felt for several minutes after the application is made. A favorite prescription with the majority of physicians, who are not eye surgeons, is 5 grains of the zinc salt to the ounce of water. This is a needlessly strong solution and is unwarrantable on account of the pain induced.

I do not know a more impressive lesson that will guide the physician correctly in this matter than to have occasion to use this strength of the zinc solution in his own eyes. I am sure, after such an experience, he will never write for those who entrust themselves to his professional care, more than 1 gr. of sulphate of zinc to ℥ i of water. Often I find even the 1 gr. solution too strong and I am disposed frequently to make the quantity of water ℥iss.

In this 3rd series of cases the general discomfort is more marked. The redness is generally over the whole eye ball. The conjunctiva seems to have been

thickened by some serous exudation in its substance. By pressure upon the eye ball through the edge of the lower lid, the conjunctiva can be pressed up into folds or ridges. The muco purulent secretion is more abundant and crusts of dessicated yellow secretion stick to the eye lashes. For the last three mornings the lids were found so firmly glued together that they had to be soaked in warm water before they would come apart. There is a burning feeling of pain in the eyes, with a sensation of weight and also one of grit. Sight is good enough except at times when the cornea becomes smeared with some of the stringy mucus which blurs the vision until the eye can be wiped. For this class of muco purulent conjunctivitis still a stronger astringent is demanded. I find a solution of nit. silver gr. 1 to ʒii, of aqua distillata a most valuable remedy, when used by the physician. A few drops of this caustic solution should be instilled into the eye once a day, and continued for two or three days only. Its action is often magical. From one single application I have sometimes seen nearly all the redness disappear in 24 hours, and the eye well advanced to convalescence. I never use a nitrate of silver solution stronger than 5 grains to the ʒi even in the purulent conjunctivitis of the newly born. Never give such a prescription to patients to use themselves at their discretion. It is a powerful remedy for good, if used discreetly, but is not a remedy for continuous use. As soon as the excessive congestion with much secretion is diminished, the weaker astringents are to be substituted. When it is necessary to be used, the attending physician should see the patient daily, as it means a serious attack of ophthalmia, that needs careful watching. While the nitrate of silver solution is dropped into the eye once a day by the physician, a borax solution can be used by the patient as often as cleanliness requires; six, eight or ten times a day is not too frequent. To prevent the lids from sticking, greasing the edge at bed time with vaseline is desirable.

I have mentioned only three astringents from the long list in the materia medica, because they form 9-10 of the collyria prescribed by ophthalmic surgeons for inflammations of the conjunctiva. Substitutes for these are numerous, as alum, acetate of lead, tannin, sulphate of iron, sulphate of copper and bichloride of mercury. Any of these, when in *weak solution*, make good eye drops. Naturally we adhere to the best in the list, and substitutes are not the best.

What I desire especially to fix in your minds is, to avoid the heroic in the treatment of conjunctival inflammations. Never do too much at a time, often to the detriment of the eye, and always to the annoyance of the patient. In the least of the eye troubles there is anxiety enough with the patient. Do not add physical pain to his mental worry by the administration of harsh remedies which are not called for.

Before prescribing make your diagnosis sure. Of the entire list of eye diseases, and they are very numerous, the use of astringents belong to affections of the conjunctiva alone. In affections of the cornea, iris and choroid, which diseases also occasion redness of the eye ball, astringents are entirely out of place. One very painful scene in my experience as an eye surgeon, was when a physician brought to me a medical friend suffering with a severe attack of iritis. The eye had the injection of blood vessels around the cornea, typical of their trouble, with the small lazy pupil, muddy aqueous, severe nasal and frontal pains and dull vision, all so characteristic of this important dangerous disease. The pupil was sticking to the lens capsule, upon which it was pressing, and the eye was rapidly going to the destruction of all useful vision, goaded on by a solution of nitrate of silver grs. x to ʒi, which was being assiduously applied four times a day, by this devoted medical friend. Every drop put into the eye caused hours of intense suffering. The patient could

not stand the pain. While he had every confidence in his medical friends ability, (in this case to be translated ignorance) he begged for additional professional council, hoping thereby to receive relief from the persistent agony. When the eye drop was changed from a caustic solution to one of atropia and cocaine, the heavens immediately smiled upon this unfortunate mortal. It was like the pouring of water to put out a fire upon which previously buckets of kerosine oil had been ignorantly used. No wonder he suffered.

To reiterate, when you have made the diagnosis sure, and you have a case of conjunctivitis to treat; if it be a mild case, restrict your applications to the mild astringent, of which borax gr. x to ʒi is the type. When more redness, grittiness and secretion is visible, use sulphate of zinc, never exceeding gr. i to ʒi of water three or four times a day. In the more severe cases, accompanied with muco purulent secretion in more or less abundance, use yourself, in the eyes, once a day, a nitrate of silver solution, grs. v to ʒi of distilled water. Never give this to a patient for home use, while you are daily instilling the caustic solution yourself, let the patient have a mild astringent for more frequent application at his home.

I have said nothing of boric acid solutions, so extensively used by some. It possesses no astringent properties. In the treatment of conjunctivitis, in my hands at least, it has been as inert as rose water, to which the world attributes so much virtue as an eye application. There is no question about its safety, and its innocence as an eye drop to which I will add a third quality, its uselessness, unless you prescribe it as a placebo.

LEMONADE-WINE.

Dujardin-Beaumetz, in the *Bulletin Général de Thérapeutique*, January, 1891, recommends the following drink in typhoid fever and other febrile states:

℞.—Red wine	½ pint.
Tartaric acid	2 drachms.
Water	1½ pints.

HYDROGEN DIOXIDE.*

The use of this comparatively new remedial agent has within the past ten years been almost limited to specialists, and the general practitioner has not made the use of it as it well deserves. This was owing to its unstability, its uncertainty of action and its expense. These difficulties no longer exist, uniform preparations can now be purchased, and with little attention to detail, very good results can be obtained.

As an antiseptic being without the odor of carbolic acid, or the dangers of corrosive sublimate solutions, it has greater power than even carbolic acid in destroying the spores of authrax bacilli, which was used as a test.

The statement has been made that ozone, this powerful allotropic form of oxygen is identical with hydrogen dioxide, and that they are to be considered the same for all practical purposes, from a therapeutic standpoint.

We have therefore in H_2O_2 an agent having remarkable properties as bactericide, and one perfectly harmless when brought in contact with healthy tissues, it will be worth while to study the indications for its use in the treatment of disease, but before going to specify the special conditions in which this remedy can be used, let me make a few remarks as to the causes which have kept physicians from using it more universally.

The expense of outfit and material for administration of this agent will not exceed $5, for sufficient to cover a period of from six weeks to two months. To use of H_2O_2 in the form of the vapor or spray does not require very much manual dexterity, and patients soon learn it. Children after the first scare begin to like it.

The uncertainty following the employment of the peroxide has arisen from various causes, and as their consideration is of importance will be dealt with fully.

Pure hydrogen peroxide is exceedingly

*Abstract of an article by John Aulde. M. D., of Philadelphia. N. Y. Med. Jour., Dec. 27, 1891.

unstable, the action of heat causes it to part with its nascent oxygen rapidly. Now if minute quantities of hydro chloric and phosphoric acids are added, it is rendered less susceptible to the action of heat, and also heightens the effect of the remedy, when applied to unhealthy structures, especially mucous surfaces. An excess of acid is objectionable as it renders the peroxide irritating. Care should be taken not to leave the peroxide in a warm room or not well stoppered. Commercial H_2O_2 is very inferior to the medicinal preparation, it always contains a large proportion of acids, and is doubtless responsible for unsatisfactory results in many cases.

A mixture of the peroxide with glycerine should not be used as it generates secondary products possessing highly irritating properties.

Although remarkably prompt results have been obtained from the use of hydrogen Peroxide in the form of an inhalation by heating with water, the author believes that by this means a considerable proportion of the nascent oxygen is transformed into ordinary oxygen, before reaching the affected tissues, thus detracting from its efficiency.

Therapeutics: From the peoxide of hydrogen we may obtain in the form of a vapor or spray, the therapeutic effects of nascent oxygen, and as a surgical application or antibacterial substance this product is far superion to the gas itself.

Just as pure mountain air arouses the activity of functions which have been depressed, and promote health, so will the remedy under consideration if used in the form of vapor by inhalation, from the oxygen evolved increase tissue change. Oxygen is a tissue builder as well as an oxidiser of carbonaceous and excrementitious products.

The surgeon will find the peroxide an efficient and most convenient antiseptic, as it can be freely used in cavities, in discharging sinuses, and upon the most delicate tissues without danger of producing the slightest irritation. This remedy has also great revitalizing properties which the physician can make use of during convalescence and in all low conditions of the system. A brief review of some of the diseases in which the peroxide may be used with benefit, will give the reader a more practical idea.

In anæmia and chlorosis the inhalations will prove most valuable, along with prover diet and exercise.

In erysipelas a two-fold application is used with good result, the vapor internally, the spray locally.

The author mentions a long list of maladies in which the use of hydrogen peroxide is of benefit either internally or locally, of which I will only mention septicæmia, lithæmia, rheumatism and many conditions in which the disease germ is found in the intestinal tract, also in many forms of gastric troubles.

Pulmonary affections are the best field for the exhibition of the remedy. Good results have been obtained in asthmatic conditions, also in emphysema; the inhalations were also benefical in phthisis. Its use in surgical practice I have already mentioned, and an article on its successful employment in diphtheria has lately appeared in our JOURNAL.

Many flattering commendations of Marchands peroxide of hydrogen, (medicinal) have been given voluntarily by numerous well known authors and contributors to medical literature within the past few years, some of whom may be mentioned as additional evidence that the methods here recommended are worthy of further investigation: Dr. W. B. Clarke, of Indianapolis, Ind.; Dr. George B. Hope, Surgeon to the Metropolitan Throat Hospital, New York; Dr. J. Mount Bloyer, of New York; Dr. Robert T. Morris, of New York; Dr. Paul Gibier, Director of the New York Pasteur Institute; Dr. R. Charest, of St. Cloud, Minn.; Dr. E. R. Squibb, of Brooklyn, N. Y.; and other whose names can not now be recalled.

ANÆMIA AND ITS TREATMENT.

BY JOSEPH GICHNER, M. D.

(*Continued from page* 405.)

The physicians' attention will be naturally drawn to the forms of anæmia which are more difficult to differentiate from other diseases, therefore I will give a brief survey of the most common forms of idiopathic anæmia of which chlorosis stands first as regards its frequency of occurrence and excellent results often obtained by proper treatment.

All observers agree, and the examination of the blood in most cases, has proven beyond a doubt, that we have in chlorosis as essential feature in the blood change, a diminution in the hœmoglobin richness from 60 to 30 per cent. and even lower, whilst the red corpuscles are scarcely at all below the normal. Still we have another class of cases, especially severe forms of chlorosis, where there is a notable diminution of corpuscles; together with a disproportionate low percentage of hæmoglobin. Another characteristic of chlorosis is the relatively large number of small corpuscles.

There is little liability to hemorrhage in chlorosis, neither retinal hemorrhage although papillitis and papillo-retinitis are more commonly observed in this form of anæmia than in any other.

The most common clinical features of chlorosis are cardiac murmurs and venous hum in the neck, associated with palpitation and breathlessness on exertion. Pyrexia is sometimes one of the symptoms. The urine is pale in color, of low specific gravity, and contains very little urea and uric acid. Digestive disturbances sometimes occur, and constipation is exceedingly frequent. The nervous symptoms are irritable weakness, hysterical manifestations, due to the anæmia, and the fact that it occurs at the time and in the sex when the nervous system is highly sensitive. Menstrual irregularities on account of which the physician is often consulted, are very frequent in this disease, especially amenorrhœa, or if the catamenia are regular, the flow is scanty; sometimes though rarely these is menorrhagia. Leucorrhœa is very common in chlorosis, disappearing when the condition of the blood is improved.

Although more common in Europe, especially in Germany, cases of chlorosis are often met with in this country and in my experience frequently in persons of German origin. It occurs almost exclusively in women, though sometimes in young males, and is met with, especially between the ages of 14 and 24. Niemyer's excellent description of chlorosis appeared 20 years ago and holds good today; this one of his statements has been often quoted. "According to my observations, obstinate chlorosis attacks all young girls without exception, in whom the menses have appeared in the twelfth or thirteenth year; and before the developement of the breast and pubes. Virchow has demonstrated the frequency of morrowing of the aorta, thinness of arterial tissue, and in some cases irregularity in the position of the arterial branches, which would point to developemental defects. There is no clinical or pathological evidence of excessive hæmolysis or blood destruction, neither any drain upon the system, so that we are justified in regarding chlorosis as due to congenital defect or feebleness of blood formation.

Now if chlorosis is treated promptly and properly, great changes for the better can be noticed in a very short time; and often treatment and time may eradicate the defect entirely, though relapses are apt to occur. On the point of the treatment there exists no difference of opinion as regards the value of iron, in whatever form it is administered so there is enough given, and it may almost be regarded as a food; as well as a medicine; it must be pushed for a long time if tolerated and the different preparation can be alternately given. Bland's pills are a great favorite. Good food, sunshine and fresh air will greatly assist the action of the iron; mild purgatives, according to

Sir Andrew Clark are essential in the treatment of chlorosis.

The use of iron should not be stopped for two or three months even after a cure has been established. Acidulated drinks and fruits are very very gratefull and beneficial.

The second very important form of idiopathic anæmia is pernicioua anæmia.

In 1843 Addison first described it in his lectures which were published in 1853, but not until after 1870 has the subject been generally known, and since then many writers and clinicians have given us clear and reliable descriptions of their clinical and pathological investigations in this disease.

The onset is insidious, the patient will complain of increasing weakness and pallor, but there is, as a rule, no marked decrease in flesh. Disturbances of the alimentary functions, (nausea, vomiting, diarrhœa) are noticed preceeding or beginning with the attack. Our greatest guide towards the recognition of this disease is the actual examination and count of the blood. The alkalinity is lessened, specific gravity is reduced from 1038 to 1028 or 1026, and the solids of the plasma are found to be diminished.

The red corpuscles, however, show the great changes; their cohesiveness is modified, the rouleaux formation is rarely seen, the corpuscles are arranged singly, or in chumps irregularly grouped together. The number of corpuscles are greatly reduced, and at the time when the disease is recognized the number is below 50 per cent., and generally at or below 30 per cent, ($2\frac{1}{2}$ to $1\frac{1}{2}$ millions per c.m.) At the close of the disease in fatal cases the numbers are extraordinarily low, some observers found shortly before death only 18 to 16, and even a smaller percentage of corpuscles.

In pernicious anæmia in contradistinction to chlorosis we have actual blood destruction; the size of the corpuscles differ more, many microcytes (or Eichhorst's corpuscles) are found; and especially large numbers of red corpuscles above the normal size, which is characteristic of pernicious anæmia. The vulnerability of the corpuscles is increased, the coloring matter separates from the stroma easily, and blood crystals form readily, without adding reagents.

The hæmoglobin capacity is generally increased so that the percentage of hæmoglobin exceeds that of the corpuscles and the worth of the individual corpuscles are increased, often to 1,25 and occasionally to more, in this way the anæmia is less than is indicated by the deficiency in the corpuscles.

Hemorrhages are more common in this form of anæmia than in any other. Retinal hemorrhages, are very often present, epistaxis, bleeding from the gums, and metrorrhagia is common. Minute extravasations beneath the serous membrane are not uncommon and after death hemorrhages into the brain and its membranes have been found.

In the majority of cases pyrexia of irregular course and duration is frequently observed, temperature runs up 101° and 102° and even higher, but does not remain high for a long time, there are, however, cases of pernicious anæmia without any febrile disturbances.

The skin changes to a characteristic yellowish tint, and often the conjunctivæ share in this discoloration. This discoloration varies from time to time, and in different cases, and is undoubtedly due to an active destruction of the red corpuscles with liberation of the coloring matter.

The urine from its variability in color gives us no special indication, except the increase in amount of iron in the urine; while in chlorosis as already stated there is a great decrease.

Dr. Hunter in his investigations on the urine demonstrated the presence of an excess of aromatic sulphates, in this disease. He also obtained from the urine two ptomains, identical with putrescine and cadaverine obtained from putrifying meat, and a third ptomaine distinct from those above mentioned, which have no markedly poisonous properties but derive their importance from the fact that they

are the common products of bacteria, differing widely in their pathological qualities.

Dr Hunters opinion is that the presence of these ptomanies which point to the existence of special micro-organisms in the alimentary tract, indicate a favorable condition to the production of more poisonous ptomaines.

The changes found after death, are bloodless condition of all the organs, fatty and degenerative changes which are especially marked in the heart and blood vessels. The bone marrow shows signs of active cytogenic action, by its red color and vascularity, and the presence of large numbers of developing new corpuscles. The liver and spleen show the presence of broken down corpuscles and blood pigment containing iron.

The diagnosis, is not very difficult if we have the means at hand to make a careful examination of the blood: and pay attention to the history of the patient.

If we find the number of red corpuscles reduced to 30 per cent. or below, with the hæmoglobin value in excess of the corpuscles, we may assume in favor of pernicious anæmia. A very serviceable guide to the recognition of the degree of anæmia is furnished by the nail bed of the fingers. As long as any pink color is seen through the nails, the red corpuscles are not below 50 per cent. When less than 50 per cent. are present, all trace of pink has disappeared from the nail bed.

The prognosis in pernicious anæmia is not very favorable. Although cures have been reported, relapses are very apt to occur. As to the treatment of this form of anæmia, we have within recent years gained a good deal, since the introduction of the arsenic, treatment; which was first used by Dr. Byron Bramwell in this disease in 1877.

Fowler's solution can be given in increasing doses, begining with from 3 to 5 drops t. i. d. and increasing gradually as far as tolerated, it acts almost as a specific. Recent investigations have shown that the arsenic exercised a direct influence on the red corpuscles. Sunshine has a good influence on the progress of the patient towards recovery. Quinine in the pyrexial attacks are very useful. Phosphorus has been tried and was of benefit in some cases.

Rest and good nourishment consisting sparingly of food of animal nature are essential. Experience as to the value of blood transfusion in this form of anæmia, is very limited as it has not often been tried. I will describe scorbutic anæmia with report of cases, in the near future.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD JAN. 8TH, 1891.

The 718th regular meeting of the Society was called to order by the President, Dr. H. T. Rennold.

Dr. Arthur D. Mansfield was elected to membership.

Dr George J. Preston read a paper on

THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF PERIPHERAL NEURITIS.

Dr. F. C. Bressler said he had seen a few cases. The first case was that of a woman who was brought into the city hospital in 1885. She was thought to be drunk at the time she was brought in. She had the wrist drop and foot drop, had pain in the ankle and along the tibia. The muscles were atrophied, and at the time a diagnosis of poliomyelitis in the adult was made. She staid at the hospital for one month when she was sent to Bay View. Another case, of Dr. Spicknall's, of a saleswomen, who all at once, was attacked by wasting of the hands, arms and shoulders. Under massage and strychnia she has recovered. In regard to children, he saw a girl of 7 years who was attended by himself and Dr. Chambers for catarrhal pneumonia, she was getting better, when suddenly the muscles of her hands and arms

oegan to waste, she had pain in the course of the nerves, the tendon reflex was entirely gone. Under massage and strychnia she also recovered. These cases are hastily gone over to bring out the differential diagnosis between peripheral neuritis and poliomyelitis. Peripheral neuritis is comparatively a new subject, it was brought to the attention of American physicians by Dr. M. Allen Starr of New York, in the Goldsmith lectures.

Dr. J. W. Chambers said peripheral neuritis is a more common disease than is usually thought to be. He knew of two cases of attempted suicide by taking arsenic, they did not succeed in committing suicide but they did succeed in getting a peripheral neuritis. The first case that came to his attention was six years ago. He called it poliomyelitis at the time. Since then, having learned more of the disease, when he saw a case about a year ago, he looked for and found peripheral neuritis. He thought that in a short time we would hear more of peripheral neuritis and less of poliomyelitis. He saw a case last winter, of a lady who had a retroflexed uterus and who was pregnant. She had pains shooting down both legs, and he thought her hysterical at the time, she soon aborted. About six months after there was marked wasting of the lower extremities, and after a while of the upper extremities also. She is much better now and is filling up again. In peripheral neuritis there is not so marked a deformity from contraction of the muscles, as in poliomyelitis, but in the case of a colored man at the City Hospital last winter, there was very marked deformity from muscular contraction. This brings us to the consideration of the value of a single symptom— so called pathognomonic symptom. It is said that the Argyle-Robinson pupil is pathognomonic in tabes dorsalis, but it has been observed in multiple neuritis. One pathognomonic sign is of no use, unless associated with other signs which must be taken into consideration with it.

Dr. Wm. H. Norris said he had seen several cases, one a remarkable case, six years ago, in a highly educated lady of a very nervous disposition. She had been under his care for some time with chronic diarrhœa. She went to New Orleans for the winter, on his advice, and returned in the spring with malaria. About this time she became very nervous over some bonds which she owned. She was suddenly paralyzed and suffered great pain, A diagnosis of multiple neuritis was made. She became much atrophied and there was considerable muscular deformity. She died about three years ago. An idea of the degree of wasting may be formed, from the fact that from 125 lbs. at the beginning of the attack, she was reduced to 65 lbs. at the time of her death.

Dr. G. J. Preston said the case narrated, go to confirm him in the opinion that peripheral neuritis is a more common disease than is usually thought to be. It seems to be an American disease, as we do not hear much of it in Europe. This may be due to the pressure of our American civilization or it may be because it is more closely observed and in consequence is more frequently reported. Poliomyelitis will often recover, almost perfectly, and rapidly, even in cases where the paralysis is marked. It is probable, in these cases that the large cells in the anterior horns may be affected (not destroyed), sufficiently to interfere with their functions.

Dr. J. E. Prichard then read a paper on

THE USE OF SPLINTS IN FRACTURES OF THE LONG BONES.

and a case of solution of continuity of the left humerus at the surgical neck.

Dr. W. S. Blaidsdell said the application of splints to fractures of long bones as recommended by Dr. Prichard could have but one objection to it, and that would be that a crutch paralysis might be induced by the pressure in the axilla.

J. Wm. Funck, M. D.
Rec. and Rep't Sect'y.
1710 W. Fayette Street.

NORMAL PARTURITION IN LAST STAGE OF PHTHISIS.

Dr. Tarnier (*Journ. des Sages-Femmes, Bret. Med. Jour.*,) had under his care in January a parturient woman who was in the last stage of phthisis and rapidly sinking from the pulmonary disorder. Dilitation was almost complete on admission, and delivery at term absolutely normal, nor was there any evidence that childbed hastened the ravages of phthisis. It was certain that, on the other hand, the lung disease had no evil effects on the puerperium, no hæmorrhages, foul discharges, or other well-known complication of the puerperium occurring. A few days after delivery the patient was moribund. Dr. Tarnier then made the above note of her case. He added that it would be strictly included in his statistics. He insisted that every death in his lying-in wards should be included, whatever the cause may be. In this instance the two conditions were pure coincidences. The disease had nothing whatever to do with the pregnancy. It would be right to add, in statistical tables, "death from phthisis without puerperal affection." About the same time another woman was admitted, and was delivered normally. On the next day she was seized with acute pleuro-pneumonia, which proved rapidly fatal, without any septic or other complication locally. At the necropsy it was found that acute pleurisy predominated over the evidences of pneumonia. Dr. Tarnier declared that delivery had nothing to do with the death of the patient.

ANTIPYRETICS IN DISEASES OF INFANCY.

Professor Demme, in the annual report of the Berne Hospital (*Concours Médical*, Jan. 24, 1891, *Brit. Med. Jour.*), relates his experience of the new antipyretics in children. In the first place, however, he holds that their employment is unnecessary in moderate pyrexia (101° to 103° F.); he prefers the application of cold damp cloths renewed every two hours; or when there is much nervous excitement or insomnia, lukewarm baths (79° to 82.5°), lasting five or ten minutes, and repeated once or twice a day. The propriety of using antipyretic drugs should be considered in cases in which there is a continuous temperature of about 104°F., and in adopting the treatment the cause of the pyrexia and the power of resistance possessed by the patient must be taken into account. These drugs are of value in enteric fever, acute rheumatism, and broncho-pneumonia; they should be used with great caution in fibrinous pneumonia, diphtheria, and the acute exanthems (measles, scarlet fever, etc.). In acute rheumatism, if there is a dislike to salicylate of soda or a tendency to diarrhœa and vomiting, he replaces it by salol. Quantity to be given in divided doses: salicylate of soda, 2 to 4 years, 8 to 15 grains; 5 to 10 years, 15 to 30 grains; 11 to 15 years, 38 to 45 grains; salol (in powder), 2 to 4 years; 12 to 16 grains, in three doses; 5 to 10 years, 22 to 33 or 44 grains, in three or four doses; 11 to 15 years, 33 to 45 or 69 grains, in three or four doses. In enteric fever. Demme has had good results with sulphate of thallin; he gives it in powder every two hours, each dose being for a child of 3 to four years, $\frac{1}{7}$ to $\frac{1}{6}$ grain; 5 to 10 years, $\frac{1}{3}$ grain; 11 to 15 years, $\frac{1}{2}$ to $\frac{3}{4}$ grain. In broncho-pneumonia, in which there is a liability to a long continuance of a high temperature and to relapses, Demme prefers antipyrin to all other antipyretics; he gives it dissolved in water with a little sugar and a few drops of cognac. He employs it also in the acute exanthemata and in serious diphtheria if the temperature becomes so high as to appear to call for an antipyretic. He gives it hourly in the following doses: 2 to 4 years, 3 to 6 grains; 5 to 10 years, 8 to 11½ grains; 11 to 15 years, 12½ to 15 grains. In the later stages of broncho-pneumonia, where the fever is of the hectic type, the antipyretics belonging to the aromatic series have little effect. Sulphate of quinine, on the contrary, not only hastens recovery, but actually "jugulates" the disease. He gives it in the following doses: 2 to 4 years, 3 to 6 grains; 5 to 10 years, 8 grains; 11 to 15 years, 11½ to 15 grains

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BALTIMORE, MARCH 14, 1891.

Editorial.

THE CLASS OF 1891.

The time is now approaching rapidly when the medical colleges will begin to hold their commencements and shunt upon the community their annual contribution of young physicians. The thought of this outpouring suggests several reflections as to the quality of the education given these aspirants to professional fame and fortune, the propriety of their immediate beginning of practice and the probabilities in general in regard to them. There can be no doubt that the medical colleges in general are striving to improve their work in the way of giving their students more clinical advantages, and demanding a higher general average of knowledge as a prerequisite to the granting of their diplomas. We are not disposed to underrate the laudable ambition of the teachers as shown in this general improvement, nor the difficulties under which they labor in the keen competition which exists among colleges which must exist, if they exist at all, on their direct income, but we are nevertheless convinced that the measures taken by the profession in certain States in the way of establishing State board examinations, and in others of requiring that a college shall come up to a certain standard before its diplomas shall be accepted as evidence of a good medical education have had much to do in bringing it about.

There is now going on a very decided movement in the direction of improving medical education, and we are convinced that we are experiencing, in the present acknowledged advance, but an indication of what is to follow. American colleges cannot afford to lay behind the world and rest in the position which circumstances have forced upon them.

. . . .

A pertinent question to be asked in this connection is, whether the average graduate of an American medical college is prepared to launch at once into practice and accept all the responsibility which belongs to the physician. This question could be best answered if we could get a candid answer from the various professors as to whether they would be willing to entrust their own lives, or the lives of their families, to the skill of one of their average graduates, we think it would have

to be admitted that the average graduate, although he might have studied well, and made proper use of all the advantages afforded him, would be regarded as deficient in what is called experience. In other words it must be admitted that the most prominent defect in our system is too much attention to the science of medicine, and too little to art. The practice of medicine requires skill in both. By our system, the young aspirant gets his theory from his professors and his books during his career as a student, and his art after he graduates, and at the expense of the unfortunates who happen to fall into his inexperienced hands. Heretofore it has been the habit of those who were able to afford it to go abroad and get in the large Continental schools what they could not get here, *i. e.* an actual knowledge of disease and its management, laboratory courses in pathology practical courses in physical diagnosis and all the other accomplishments which can come only from practical familiarity with patients and specimens. The recent graduates of the present day are to be congratulated on the fact that such resources are not now limited to the favored few, but are within the reach of almost any man who has a degree. The establishment of the post-graduate schools of New York and Philadelphia, as well as in other cites, and more recently the opening of the courses at the Johns Hopkins Hospital to graduates in medicine, mark an improvement in the facilities offered to the young medical man which cannot be overestimated. Moreover, the increase in the number of subordinate places such as that of resident physician and chief of clinic which has characterised the general improvement in the medical schools opens an avenue to the ambitious young doctor which was formerly closed and gives him opportunities of great value. It is true that a certain number of the new men feel the pinch of poverty too sensibly even to be able to avail themselves of the advantages thus laid at their doors but they also have the hope, and a hope which we have seen realised more than once, of being able to return after a year or so of practice, and take courses which their experience shows them that they need.

. . . .

Nevertheless the bulk of the profession has always remained and probably always will remain conservative. The average student gets his medical education at the college which grants him his degree, and regards what he is possessed of in the way of medical knowledge when he leaves her portals as his stock in trade, a stock too, which cannot be much increased nor decreased, and he does not appreciate the fact that if medicine does move slowly, it moves certainly. Social activity among medical men, is sadly at a discount, and the result is as it always is when exchange of views is not frequent and active. The average doctor sticks in a hole, as it were, and nurses his supposed superior position in seclusion, while the march of medical thought passes silently by him and leaves him there. The establishment and cultivation of medical societies is the only remedy within our observation, which can remedy this evil, and we think no better advice could be given to the young practitioner than that he do all in his power to cultivate social activity among his brethren in the profession. If medical societies were more numerous, and more active in the community at large, not only would there be fewer "old fogies," but the constant attrition which would

naturally come from their work would smooth down asperities which result so often in feuds which are the disgrace of the profession.

VERY SLOW PULSE.

The practitioner meets occasionally with cases in which the most prominent symptom, or at least one of the most prominent, is slowness of the pulse. It is well-known that diseased conditions of certain portions of the central nervous system, especially of the great centres in the medulla oblongata will produce such a symptom. But may it not arise from other sources also, as from disease of the heart itself?

In the *Therapeutic Gazette*, Dec. 1889 and Jan. 1890, Dr. Prentiss reports three cases of very slow pulse in his own practice, and adds a review and discussion of 93 other cases described in the journals of the medical library at Washington.

The first patient treated by Dr. Prentiss was a carpenter 54 years of age, who had always been healthy, and whose worst vice was tobacco smoking. He became affected with fainting spells,—especially when he lifted heavy weights,—while working in a malarious region.

His heart appeared normal, except that the beats were very slow, varying in frequency between 22 and 36 a minute. The systole was full and strong, while the diastole was greatly prolonged. The patient was weak and depressed. The tongue was clean, the temperature normal, the mind clear, the urine normal, the bowels costive. Various remedies were applied and in a month the pulse had risen to 76, and at the end of the third month he assumed work. Seven months later, however, his former symptoms returned the pulse sinking at times to 20 a minute. He had daily fainting spells which in spite of careful hospital treatment, continued, being sometime attended by intense cyanosis of the face. After six months he was able to walk about. Three months later, however, a second relapse occurred with paroxysms of faintness, unconsciousness and dyspnœa, the pulse during the ensueing two months never rising above 40, and sinking at times to 12 a minute. Bromide of ammonium, in doses of 15 grains t. i. d., with extra doses when paroxysms were impending, was the best remedy given up to the date of the report, when the pulse was found the same for every position—sitting, standing, lying—34 a minute.

The second patient, a man of 83 years, began to have fainting spells 28 years ago. During the succeeding year the pulse became gradually slower until it beat 36 a minute. It has continued at this rate ever since. He now has fainting spells about once a year. His health is otherwise quite good. The pulse is the same sitting and standing.

The third patient, a lady of 75 years, has had fainting spells for 3 or 4 years. During a recent unusually severe attack the pulse fell to 35, unchanged by change of position.

She has improved under treatment. Heart sounds are normal, except a slight systolic blowing sound.

In the review of other recorded cases some interesting suggestions in regard to the origin of the trouble are made. Theoretically, it may be brought about in five ways:

1. By injury or disease of the nerve-centres, causing irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.

2. By disease or injury of the pneumogastric nerve, which increases its irritability.

3. By disease or injury of the sympathetic nerves of the heart which paralyzes them.

4. By diseases of the cardiac ganglia by which the influence of the pneumogastric nerve has undue preponderance.

5. By disease of the heart-muscle (degeneration), whereby it fails to respond to the normal stimulus.

Practically, it seems to be connected with the action of certain poisons, as of salt fish, tobacco, opium and colchicum; and it also follows certain disease processes, as malarial fevers, algid pernicious fever, pneumonia, syphilis, cholera morbus, rheumatic fever, dysentery, typhoid fever and certain epidemic fevers. In one case it dated from an ovariotomy done under chloroform. In many instances it was associated with epilepsy, and in several others it followed injury to the neck. When autopsies were obtained degenerative disease of the brain was often found, and in several cases there was effusion into the upper part of the cord or the medulla oblongata.

Frequently disease of the heart itself was found, as ossification of the valves, or coronary arteries, deposit of fat about the heart, wasting of the heart-muscle. Sometimes dropsy of the pericardium is a prominent condition.

It occurred from youth up, but most frequently after the 50th year.

The treatment is purely symptomatic and thus far not very encouraging.

The prognosis is unfavorable. All or nearly all ended fatally, death occurring from sudden syncope.

Reviews, Books and Pamphlets.

General Catalogue of the Alumni of the University of Maryland, from 1812 to 1890 inclusive, with a prefatory sketch prepared by direction of the faculty. By Eugene F. Cordell, M. D., Alumnus.

The appearance of this new alumni catalogue of the most venerable medical school in the State, marks an epoch in her history of no mean significance. It represents, as it were the termination of the old regime and the beginning of the new, for the school has already announced that with the beginning of the next session entrance examinations, or their equivalent will be required, and that a regular three years graded course will be inaugurated. To those who know Dr. Cordell and are familiar with the love he bears his alma mater, and the tireless industry which he has shown in collecting data bearing on her history, it would be superfluous to say that the work is done as he alone could do it. He has evidently performed his task *con amore* and done the school as well as himself credit. The list of the alumni has been made up with the greatest care and bears upon it the names of many who have distinguished themselves in medicine. A very large proportion of the physicians now practising among us, including the present faculty of the institution and the faculties of the other medical colleges in the city, got their medical education within the walls of the old school, and the profession in other parts of the country, as well as of the army and navy, is well represented. We congratulate Dr. Cordell on the excellence of his work, and

the faculty on having had the advantage of putting the task into such competent hands.

Medical Progress.

EXAMINATION OF URINE FOR LIFE INSURANCE.

Charles W. Purdy, M. D., Professor of Urinary and Renal Diseases at the Chicago Post-Graduate Medical School in a lecture delivered at that school on the "Examination of the Urine for Life Insurance" in *N. Y. Med. Jour.*, Feb. 28, 1891, laid down the following rules.

1. If albumin is found in the urine, do not recommend the applicant for insurance because the quantity of albumin present is small, even though it be mere traces.

2. If albumin is present in the urine and the applicant is over 40 years of age, decline the application.

3. If albumin and renal casts are found in the urine, decline the application regardless of the age of the applicant or the quantity of albumin present.

4. If albumin is found in the urine in large amounts—two or more grammes to the litre—decline the application.

5. If the applicant is of middle age or over and has always been a generous eater, especially of meat; and if he rises regularly at night to void considerable quantities of clear urine of low specific gravity; and if, in addition, there is decided tension of his pulse with accentuation of the second sound of the heart, decline the application even though the urine is free from albumin.

6. If true renal casts are unmistakably present in the urine, either epithelial, granular, fatty, hyaline, or composite, decline the application even though the urine is free from albumin.

7. If the specific gravity of the urine is normal (1.020) or above, but it contains albumin at times, while at other times it contains none, especially on rising in the morning, and no casts are present in the urine of an applicant who is under 30 of age and apparently in good health, the albuminuria is doubtless of the so-called functional form, and, in the discretion of the home office, the application may be accepted for a ten-years' endowment policy. As yet, however, such risks cannot be considered altogether safe for life policies.

8. If the applicant is subject to frequent or occasional attacks of gravel—one or more of which was recent—the application should be declined.

9. If the applicant has had one or more attacks of gravel and more or less dull pain is present in the renal region, and the urine is more or less turbid from the presence of pus, the application should be declined.

10. If the applicant has had attacks of gravel, but five years have elapsed since the last attack, the urine remaining perfectly normal, and no pain is present in the region of the kidney, the application may be accepted.

11. If the applicant is over 50 years of age and voids his urine with more or less slowness and difficulty at times, the stream being small, forked, or dropping, and at times involuntarily shutting off before the finish, and if he rises regularly at night to void urine and is subject to periodical attacks of frequent urination, the application should be declined, even though the urine itself is in every respect normal

12. If the urine contains sugar, the application should be declined.

13. If the urine is turbid from admixture with pus or blood, the application should be declined.

FOUR CASES OF EXCISION OF THE VERMIFORM APPENDIX.

At the meeting of the Clinical Society of London (*Brit. Med. Jour.* Feb. 51, 1891), Mr. J. B. Sutton described these cases, which he had successfully treated by excision. The first patient was a man, aged 24, under Dr. Sydney Coupland's care, with unmistakable signs of appendicitis. The cæcum was exposed by a lateral incision, and the appendix found

lying adherent to its anterior aspect. The middle third of the appendix had sloughed, and an abscess, containing several ounces of pus, had formed in consequence. The appendix was removed, the stump sutured, and the peritoneal cavity flushed with warm water. The patient made an uninterrupted recovery.

Case 2. A groom, aged 22, came under Mr. Sutton's care as a case of renal colic. The patient had had three attacks previously, the first, two years previously, diagnosed as "typhlitis," the second as "ruptured muscle." the third as "renal colic," and the last remained undiagnosed. On careful examination it was clear that the disease was relapsing appendicitis. Mr. Sutton exposed the cæcum by a lateral incision, and found the appendix slightly adherent to the brim of the pelvis. Its lumen was obstructed. The appendix was cut off, the end carefully sutured, the muscles drawn together by gut sutures, and the skin closed in the usual manner. The appendix below the stricture was filled with pus. The patient left the hospital convalescent on the fourteenth day.

Case 3. This patient was seen in consultation, and regarded by the practitioner in charge as a case of renal colic. After examination under chloroform Mr. Sutton came to the conclusion that the patient had a postcæcal abscess, probably secondary to inflammation of a vertical retrocæcal appendix. The parts were explored and this diagnosis verified; the appendix was lying vertically behind the cæcum, and its middle third had sloughed. The pus was washed away, the stump of the appendix sutured, and a drainage tube inserted. Convalescence was interrupted bp an attack of pleurisy, which suggested that the trouble in the tube was tuberculous. Sections of the appendix were examined for tubercle and tubercle bacilli, but with negative results. The wound granulated, and the patient left the hospital convalescent.

Case 4. A shoemaker, aged 19, was admitted under Dr. Finlay's care with typical signs of typhlitis. Under medical treatment he seemed to improve; but in the course of three weeks the prsence of pus was clearly indicated. Mr. Sutton operated by a lateral incision and evacuated a large quantity of pus from the iliac fossa; the tip of the appendix had sloughed. As the rest of the appendix was dilated it was cut off, its end closed by three gut sutures and the wound stuffed with iodoform gauze. On the eighth day a small fistula formed in the colon, allowing gas to escape. This, however, became closed as the wound cicatrised, and the patient left convalescent. Of these four cases; three were examples of acute and one an example of chronic relapsing appendicitis. The smooth and rapid convalescence in case 2, in which the operation was performed for chronic appendicitis, formed a striking contrast to the risk, danger, aud anxiety in the acute cases. All the cases illustrated the importance of early operation, which is simple enough to surgeons acquainted with the practical details of abdominal surgery. Case 3, suggested that an abscess secondary to appendicitis in a vertical retrocæcal appendix might invade the perirenal tissue and set up a perinephritic abscess. It was curious that an abscess due to appendicitis, though very fœtid, failed to conduct itself in an orthodox manner and indicate its presence by rigors. It must also be remembered that in many cases of typhlitis which presented abdominal distension, pain, and the characteristic symptoms of infective peritonitis of sudden onset, these ominous signs were due to the escape of septic material from a latent abscess into the general peritoneal cavity. In such cases surgery could do little good.

TWIN PREGNANCY: ABORTION: DELAYED BIRTH OF SECOND TWIN.

Dr. Habit (*Wiener med. Presse*, 1890, No. 40) attended a multipara, aged 30, who, at the fifth month of pregnancy,

suddenly felt the waters escape. After a few days rest she got up, and not until six days later, after repeated dribbling away of the liquor amnii, did pains commemce. On the next day a fœtus was expelled. As no placenta followed, Dr. Habit explored the parts, and found that a second child lay in the uterus. The os hardly admitted a finger; the placenta of the first child could not be felt; the remaining twin was yet alive. The patient was recommended to rest, but she did not strictly follow the advice. After seven days relative quiet, flooding set in. The os was opened, the membranes ruptured, and a foot brought down. The fœtus was extracted during the next pain. It was a male, and much larger than the first (which was a female). It showed signs of life for a short time. A few minutes after the birth of the second child two placentæ, choria, and amnia were delivered. The course of the childbed was perfectly normal.—*Brit. Med. Jour.*

THE FLOATING KIDNEY.

Kuttner (*Berliner klin. Wochensehrift*) regards the floating kidney as one which may be detected by palpation. Four abnormal conditions may be found.

1. A kidney moving on deep inspiration.

2. A kidney two-thirds of which can be felt; the amount of displacement is slight.

3. A kidney all of which may be felt and which may be moved in all directions.

4. A kidney the position of which is abnormal.

In this paper, most valuable for the statistics which it offers, the method of the consideration of the ætiological factors is open to great criticism. It is stated that loss of fat in the renal capsule may be a cause, and further that movable kidneys are not uncommonly met with in disease attended by extreme emaciation. Among these are mentioned phthisis pulmonalis. It has not been our personal experience in a long study, clinically and in the post-mortem room, to find such condition. Cases have been met with where the loss of both fat and muscular tissue has been extreme, the diaphragm (an excellent guide to the condition of the muscles throughout the body), being constantly found as a mere membrane. In no one of these cases was the kidney found changed in position. According to the author, the disappearance of the fat leaves a network in which the kidney may move, but from which it receives no support. From lack of support the position of the organ becomes changed. The diaphragmatic movements and the position of the upper abdominal organs aid in the displacement. Among other causes are mentioned, tight lacing, frequent pregnancies, abortions, pendulous abdomen, and renal hyperæmia in connection with menstruation. Six hundred and sixty-seven cases have been analyzed by the author; 584 were in female patients, 83 in males. The most common period of life was between 30 and 40 years. Seventy-five per cent. of the cases were on the right side, the liver having much to do with this position.

In some cases there are no symptoms. There may be present, however, dragging or heavy pains (being paroxysmal in character or neuralgic), nervous phenomena, digestive disturbances and sometimes icterus. The urine in some cases may contain albumen. These patients have at times sudden attacks of abdominal pain. Fever, with nausea and vomiting, is sometimes present. This has been thought to be due to localized peritonitis.

Anodynes must be used for the pain, support given to the abdomen and operative measures resorted to in extreme cases.—*Brooklyn Med. Jour.*

OPERATION FOR GRAVES'S DISEASE.

Dr. Lencke,* of Hamburg (*Boston Surg. and Med. Jour.*), discusses the sub-

*Deutsche Medican. Wochenschr., January 10th, and Lancet, January 17th.

ject of exophthalmic goitre with special reference to its treatment. He claims that as the treatment of this condition by medicine is remarkable for nothing so much as its inefficacy, if the surgeon can offer even a chance of relief his interference is justifiable, and he relates two cases in which surgical interference seems to have had the best results. The first patient was a lad of seventeen, who had the classical symptoms of the disease—rapid heart, palpitation, prominence of the eyes and goitre. He came under treatment on account of a sudden access of the swelling, which by the pressure it exerted produced great distress with extreme cyanosis. The heart was rapid and irregular, no rest or sleep could be obtained, and the patient was in imminant danger of asphyxia. Tracheotomy was performed, and a week later one-half of the tumor was extirpated. The operation was accompanied by much hæmorrhage, which, however, stopped spontaneously, and recovery was uninterrupted. The symptoms rapidly vanished, the exophthalmos dissappearing, and the heart becoming quiet and regular in action. The improvement was maintained until the time at which the paper was written. Operation was undertaken in the second case, which had long been under observation, because of the good result in the first. The patient in this case was older, the symptoms were similar, and the operation was the same. The improvement was very marked, and the patient four months ago was able to resume his occupation. It is yet too early to estimate the full value of the procedure adopted, as regards cure of the disease; but if relief can be afforded in other cases as great as was apparently obtained in those just related, a strong case will have been made out for the surgical treatment of this distressing malady.

A CASE OF TUBERCULAR INFECTION FROM EARRINGS.

A peculiar case of tubercular infection has lately been related in the *Lyon Medicale*, of a girl of 14 years, whose family history showed no indication of phthisical tendencies. She had been wearing a pair of earrings which she had received from a lady that had died of phthisis. Some time after she developed on both ears, especially on the left side, flat ulcerations with irregular margins, there was also swelling and induration of the cervical glands, the respiratory murmur was diminished in the left apex of the lungs. The bacilli of tuberculosis were found in the pus of the ulcers, as well as in the sputum. A short time afterwards acute phthisis developed of which the patient died.

HYDROCYANIC ACID ANTIDOTAL TO TUBERCULOSIS.

Schrötter, of the University of Vienna, (*Jour. of the Am. Med. Asso.*), has announced to his colleagues of the Society of Physicians that he has made a partial investigation regarding the alleged discovery of the immunity of a certain class of artisans in Austria against tuberculosis, and he has come to the concluion that that disease is very rare in those workshops where the cyan-metals, as they are called, cyan-gold and cyan-silver, are employed. He holds that the hydrocyanic acid is the efficient element in these chemicals, and that he has data sufficient to warrent the systematic trial of that agent as a bactericide in tuberculosis. Incidentally, it may be remarked that he has found that not only is it a very rare occurrence, among the workmen of the class referred to, for pulmonary disease to attack one of them, but also it was often remarked that those who come from other places and other works with incipient troubles have been benefited, and some of them have been entirely cured, at least so far as the testimony of the workmen themselves went.

There are several large factories in Southern Austria where fiine metalic wares are made, and in the finishing of them the cyan-metals dissolved in the cyanide of potassium are required to be

used in order to galvanize them in silver or gold, and the atmosphere of these factories is more or less heavily charged with the complex vapors given off from the vats and chambers; the assumption being made, however, that the potential chemical is the acid, and not the precious metals that are combined with it.

THE CURVE OF HEALTH.

Dr. Oliver Wendell Holmes has made a discovery. It is that of the law of the curve of health. "It is a mistake," he says, "to suppose that the normal state of health is represented by a straight horizontal line. Independently of the well-known causes which raise or depress the standard of vitality, there seem to be—I think I may venture to say there is—a rhythmic undulation in the flow of the vital force. The 'dynamo,' which furnishes the working powers of consciousness and action, has its annual, its monthly, its diurnal waves, even its momentary ripples, in the current it furnishes. There are greater and lesser curves in the movement of every day's life—a series of ascending and of descending movements, a periodicity depending on the very nature of the force at work in the living organism. Thus we have our good seasons and our bad seasons, our good days and our bad days, life climbing and descending in long or short undulations, which I have called the curve of health. From this fact spring a great proportion of the errors of medical practice. On it are based the delusions of the various shadowy systems which impose themselves on the ignorant and half-learned public as branches or 'schools' of science. A remedy taken at the time of the ascent in the curve of health is found successful. The same remedy taken while the curve is in its downward movement proves a failure. So long as this biological law exists, so long the charlatan will keep his hold on the ignorant public. So long as it exists, the wisest practitioner will be liable to deceive himself about the effect of what he calls, and loves to think are, his remedies."

The fact of the existence of the "curve" in question cannot be doubted; but Dr. Holmes exaggerates its importance and its amplitude and its constancy. In acute rheumatism, for example, the curve is quite knocked out, and the field is left very clear for salicylic acid. In ague and syphilis, in dysentery and pneumonia, the same may be said.

A person with a neuralgia or headache is, in time, perhaps, cured by his "curve," but who would deny the help meanwhile given by antipyrine. The curve of health in phthisis is a pretty steep decline, unless the geometrical disturbance is confronted with pure air and creosote.

The "brightique," no doubt, has his curve; but it, too, is all one way, the medical art can lessen its precipitance. We do not take so dark a view of therapeutics as was popular when Dr. Holmes said that if all the drugs of the Pharmacopœia were thrown into the sea it would be better for mankind but worse for the fishes. Matters have changed a good deal since that day. There is still an immense amount of useless drugging; but it is much less than it used to be. The nature of diseases, the action of remedies are understood vastly better than was formerly the case; and every few years something of positive advance continues to be made. Medicine is not in the year 1830.—*Med. Record.*

CONTRIBUTION TO THE STUDY OF DRUG ERUPTIONS.

The British Journal of Dermatology, November, 1890, contains Dr. T. Colcott Fox's paper on this subject, which considers the question whether widespread erythematous and vesicular eruptions, arising after the circumscribed (local) external application of certain drugs—such as iodoform, sublimate, belladonna, chrysarobin, arnica, etc.—are to be placed in the same list as the general eruption followlng the internal use

of these drugs. The toxic effects of many drugs upon the skin have only of late been closely studied, having come into prominence since the introduction of new remedies and the almost universal practice of the antiseptic treatment of wounds. Idiosyncrasy counts for much. The author finds that the majority of cases naturally fall into the following groups:

1. Effects strictly local and limited to those regions with which the drug comes in contact; due directly to superficial local irritation, and occurring without any systemic reaction.

2. Effects also local and due to peripheral action, but not continuous with the site of application of the drug, and radiating for some distance around; occurring with or without systemic reaction.

Of this group there are two varities: (*a*) in which the eruptions are limited to the seat of application of the drug and a zone or areola around, and (*b*) that in which the eruptions spread continuously from the site of application over a more or less wide area, "like water in blotting paper," to use Dr. Unna's striking expression.

3. Radiating effects due to more central irritation, with or without systemic reaction.

There are also two subdivisions of this group, the first including eruptions which begin locally, from peripheral irritation, and spread, and are followed by the evolution of remotely situated areas due to a central irritation. The second subdivision includes more or less widely spread or generalized eruptions, beginning either near the site of application of the drug or remotely in several places, without local signs, and due to a purely central irritation.

The author concludes, from numerous examples given, that the drugs, in addition to acting as local irritants, set up an eruption when absorbed; by influencing first the local and peripheral ganglia, and at other times the more central ganglia. In the latter instance the eruptions produced by them must be considered similar to those caused by the ingestion of drugs.—*N. Y. Medical Journal.*

Medical Items.

Hosmer A. Johnson, M. D., Professor of General Medicine, Emeritus, Chicago Medical College, etc., died in Chicago, February 26th, aged sixty-nine.

Dr. W. W. Dale, a leading physician of Southern Pennsylvania, died at Carlisle, February 26th, of pneumonia, aged seventy-four years. He was a member of the State and County Medical Societies.

One of the male nurses in Bellevue Hospital has been sentenced to two years and eight months' hard labor at Sing Sing prison for maltreating a delirium-tremens patient in the hospital. He was convicted of assault in the second degree.

Cholera is still causing great ravages at Vladivostock on the Russian North Pacific cost, the Mansas and the Coreans being the chief victims. There seems to be an utter disregard of sanitary precautions, while such abuses as the casting of the dead into the bay still go on.

Professor Liebreich, of Berlin, is a chemist of acknowledged reputation; hence his assertion that he has a remedy which is useful in phthisis attracts some attention. All that we can learn is that the subtance is cantharidate of potash, that it is used by hypodermic injection, and that it has been tested clinically by Drs. Fraenkel and Hoffmann, who confirm in a measure the claim for

its remedial value. Meanwhile the French physicians are using goat's blood and dog's serum with excellent results; and we are not likely to be without a new phthisis cure for some months to come.

At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7th, 8th and 9th of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting April 30th, May 1st and 2nd, to which all Railway Surgeons are cordially invited. To all Railway Surgeons sending their names and addresses to the Corresponding Secretary, a copy of the Constitution and programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of A. G. Gumaer, M. D., Cor. Sect'y, Buffalo, N. Y.

An announcement was recently made that an Army Medical Board would be in session in New York City during April next for examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies. At the time of that announcement there were only five vacancies to be filled. Recent Congressional legislation has, however, permitted the retirement of certain officers, so that there are now fourteen vacancies in the grade of assistant surgeon, with the probability that the number will be increased to seventeen by the time the examining board begins its labors.

As already stated, person desiring to present themselves for examination by the Board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and state of permanent residence, the fact of American citizenship, the name of the mecical college from which they graduated, and a record of service in hohpital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physician of repute, as to professional standing, character, and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a Regular Medical College, as evidence of which his Diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addreesing C. Sutherland, Surgeon General U. S. Army, Washington D. C.

The old University Hospital, corner of Greene and Lombard Sts., presented a very unusual appearance on the afternoon of Feb. 25th. The ladies of the Faculty of the University of Maryland gave a concert and tea in honor of the nurses of the Training School, established more than a year ago in connection with the Hospital service. Although the weather was very unpropitious, the company was large and distinguished, many of the best known people in the city being present, and the amount of enthusiasm shown was very agreeable to the friends of the Hospital. Exquisite solos were rendered by Miss Livingston, Drs. Hopkinson and Sanchez (both alumni of the University) and others, and short addresses were made by Prof. Chew and Miss Parsons, Superintendant of Nurses. The establishment of the Training School, which was done under the most unfavorable circumstances, has proven eminently satisfactory to the authorities of the Hospital, and bids fair to supply a much felt want in our community. The candidates are selected with the greatest care and trained both practically and theoretically in the most approved manner. The experience which has fallen to the lot of Miss Parsons, in St. Thomas' Hospital, London, where she was trained, in the Egyptian campaign, in the Johns

Hopkins Hospital and elsewhere eminently fits her for the task of training the candidates, and the success which she has met with in her work is most gratifying. The nurses are rotated in service taking monthly turns in the various wards of the University Hospital, in both day and night duty, and they have also two months each, one day and one night service, at the Free Lying-In Hospital situated on the other side of the street, thus gaining obstetrical experience, a privilege not within the reach of other training schools for general nurses in the city. The term of service is two years, at the end of which time the candidates receive their certificates.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM FEBRUARY 24, 1891, TO MARCH 2, 1891.

The following named officers having been found by Army retiring boards incapacitated for active service on account of disability incident to the service, are by direction of the President, retired from active service this date under the provisions of section 1251, revised statutes. Major William S. Tremaine, Surgeon. Major Leonard G. Loring, Surgeon.

The leave of absence granted Captain Alonzo R. Chapin, Assistant Surgeon, is S. O., No. 17, Jan. 31st, 1891, department of Dakota, is extended one month.

Lieutenant Colonel Blencome E. Fryer, Assistant-Medical Purveyor, having been found incapacitated by Army retiring board on account of disability incident to the service, is by direction of the President, retired from active service this date, under the provisions of section 1251, revised statutes.

The following named officers, having been found by Army retiring boards incapacitated for active service on account of disability, incident to the service, are by direction of the President, retired from active service this date, under the provisions of section 1251, revised statutes. Capt. John deB. W. Gardiner, Assistant-Surgeon, Capt. Robert W. Shufeldt, Assistant-Surgeon.

Captain William O. Owen, Jr., Assistant-Surgeon, is relieved from further duty in the Department of the Missouri, and will report in person to the commanding officer, Jefferson Barracks, Missouri, for duty at that station, and by letter to the Superintendent of the recruiting service.

The following named officers, having been found by Army retiring boards incapacitated for active service on account of disability incident to the service, are by direction of the President, retired from active service this date, under the provisions of section 1251, revised statutes. Captain J. Victor DeHaune, Assistant-Surgeon, and Captain William R. Steinmitz, Assistant-Surgeon.

Captain Frederick W. Elbrey, Assistant-Surgeon, having been examined by a board of officers, and found physically disqualified for the duties of a Surgeon with the rank of Major, by reason of disability incident to the service, is by direction of the President, retired from active service, with the rank of Major, under the provisions of the act of Congress, approved Oct. 1, 1890, to date from February 24, 1891, the date from which he would have been promoted to the grade, by reason of seniority if found qualified.

Major Henry M. Cronory, Surgeon, will report in person to the commanding officer, Fort Adams, Rhode Island, for temporary duty at that post, until the arrival of a successor to Major Samuel M. Horton, Surgeon, when he will return to his proper station.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE THREE WEEKS ENDING FEB. 28, 1891.

W. J. Pettus, Passed Assistant-Surgeon, relieved from special duty as Inspector of Immigrants at port of Boston, Mass., ordered to Marine Hospital, Boston, Mass., Feb. 10, 1891.

T. B. Perry, Assistant-Surgeon, granted leave of absence for thirty days, Feb. 20, 1891.

H. T. Goodwin, Assistant-Surgeon, relieved from duty at Cincinnati, Ohio, ordered to Marine Hospital, New York, Feb. 9, 1891.

L. E. Cofer, Assistant-Surgeon, detailed for special duty as Inspector of Immigrants port of Boston, Mass., Feb. 10, 1891.

J. M. Eager, Assistant-Surgeon, assigned to temporary duty at Cincinnati, Ohio, Feb., 20. 1891.

Appointment.—John M. Eager, of Pennsylvania, commissioned as Assistant-Surgeon by the President, Feb. 16, 1891.

MARYLAND MEDICAL JOURNAL.

VOL. XXIV. No. 21. BALTIMORE, MARCH 11, 1891. NO. 521

CONTENTS

ORIGINAL ARTICLES.

The Premature Induction of Labor in Contracted Pelves. By J. Whitridge Williams, M. D. . 441

A Case of Gangrenous Erysipelas, with Remarks on the Etiology and Treatment of Erysipelas. By Randolph Winslow, M. D. . . . 447

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held Feb. 12th, 1891. Eczema caused by the Use of Ivory Soap. A Case of Death of a New-Born Child, from an Unusual Cause. A Case of Sciatica caused by Pressure of the Pregnant Uterus. 449

EDITORIAL.

Arsenic in Wall Paper. 455

Is Lettuce a Carrier of Disease? . . ; 456

MEDICAL PROGRESS.

A Complicated Case of Neuro Muscular Disease. —Megrim, accompanied with Paralysis of the Third Nerve, at First Transient, but subsequently becoming Permanent.—Treatment of Excessive Sweating.—Treatment of Intercostal Neuralgia.—A Case of Slough of the Lip in a Diabetic Patient.—The Management of Sympathetic Ophthalmia. 456

REVIEWS, BOOKS AND PAMPHLETS. . . 460

MEDICAL ITEMS. 461

U. S. Army and Navy Changes. . . . 462

Original Articles.

THE PREMATURE INDUCTION OF LABOR IN CONTRACTED PELVES.

BY J. WHITRIDGE WILLIAMS, M. D.

Assistant in Gynæcology, Johns Hopkins Hospital.

Dr. Neale's interesting paper on the indications for Cæsarian section at our last meeting naturally brings forward the subject of the induction of labor in contracted pelvis, and its relation to Cæsarian section.

In the following remarks I do not pretend to anything original, but will attempt to present to the Society the current views of the best obstetric workers on the subject. Whatever our opinions as to the justifiability of the operation may be, I believe that no one present will deny that this country lags far behind Germany and France in attempting to place the operation and its indications upon a rational and scientific basis. This apparent lack of interest is due principally to two causes. In the first place, we lack the large lying-in institutions in which the continent is so rich, and without which the large fields for clinical study, which is absolutely essential in determining such questions, cannot be obtained. In the next place, the general practitioner and too often the teacher of obstetrics are usually totally ignorant of the art of pelvic measurement, by which alone, one is able to gain a correct idea as to the size of the pelvis, and consequently of the indications for treatment depending upon it.

By the term induction of premature labor, we understand an interruption of the pregnancy at such a period that a viable child may be born; that is any

*Read before the Gynæcological and Obstetrical Society of Baltimore, Feb. 10th, 1891.

period from the 28 to 30th week; to the end of pregnancy.

History.—Unlike the closely related induction of abortion, this operation was unknown to the ancients, and the first mention made of it was in the year 1573, when Eucharius Roesslin in his Rosengarten recommended its employment in those cases in which the fœtus habitually died before reaching term.

About 100 years later Justine Siegemundin recommended puncturing of the membranes, which produced premature labor in cases of hemorrhage arising from placenta previa.

Of course the operation could not be recommended in contracted pelvis, until the doctrine of contracted pelvis was well established; as happended in the first half of the 18th century through the labors of Deventer, de la Motte and Smellie. Denman, in his work on obstetrics tells us that in the year 1756, a number of the most eminent physicians of London met to consider the propriety of and the indications for the operation; being led to it by the frightful mortality following Cæsarian section and by the fact that women with contracted pelves, who miscarried during the last few months of pregnancy, were sometimes delivered of a small child after an easy labor.

The results of this convention were favorable to the operation and we are told that Dr. Macauly was the first to perform it. The operation took deep root in England and was performed some twenty times by Denman.

It was not until 1804 that Wenzel, of Mainz, introduced the operation into Germany, whence it rapidly spread, and was most widely employed.

Owing to Baudeloque's influence, the operation was not performed in France until 1831 by Stoltz, of Strassburg.

In a few years the operation became very popular in Germany, and soon was resorted to very frequently, and often quite unnecessarily, until 1869, when Spiegelberg threw great discredit upon it by publishing the most damaging sort of statistics. He showed that in over 1200 cases of contracted pelvis at term, the maternal mortality was 6.6 per cent, and the fœtal 28.2 per cent., while in 271 cases of premature labor collected from many sources, the maternal mortality was 18.8 per cent and the fœtal 66 per cent.

He concluded his article with the statement that with a conjugata vera of 8 cm. or lower, the operation was unjustifiable; and with a conjugata below 8 cm., it should only be resorted to when the course of the previous labors had demonstrated that in all probability a living child could not be born at term. This was a most awful showing, and naturally called a halt to the number of operations.

This was soon followed by an article by Litzmann, who showed that Spiegelberg had painted the picture in colors far too dark. Litzmann's tables were computed from 373 cases of contracted pelves, in 34 of which premature labor had been induced, and all of which had occurred under his own supervision.

For the purpose of more accurate study he divided his cases into four classes, as follows:

1. Justo-minor pelves with a conjugata of 10-9 cm., (4-3.5 in.) and flat and generally contracted pelves of 9.5-8.25cm. (3.75-3.25 in.).

2. Justo-minor pelves with the conjugata below 9 cm. (3.6 in.), flat and generally contracted flat pelves of 8.2-7.4 cm. (3.25-3 in.).

3. Generally contracted flat pelves with conjugata of 7.3-5.5 cm. (3-2.25 in.).

4. Generally contracted flat pelves with conjugata below 5.4 cm. (2.25 in.)

In the first class, spontaneous labor at term is to be expected; in the second class, the birth of a full sized child at term, with or without artificial aid, is possible, but scarcely probable, and if it occurs, is very dangerous both for mother and child; in the third class, the pelvis is so contracted that it will only allow the passage of a mutilated child, while

the fourth class represents the absolute indication for Cæsarian section.

Without regard to the amount of contraction, Litzmann's results gave 6.5 per cent. maternal and 18.3 per cent. fœtal mortality in spontaneous labor, compared with 14.7 per cent. and 79.5 per cent after premature labor. These figures accord closely with those of Spiegelberg.

On analyzing the cases by classes, however, we find that the great majority of the spontaneous labors occurred in the first class, some 304, and most of the premature labors in the second class.

The main province for induced labor was in the second class, and here his results were totally different from what might have been expected from the general statistics. In this class, Litzman found the mortality in spontaneous labor to be 18.7 per cent. maternal and 75 per cent. fœtal, while in induced labor it was only 7.4 per cent. and 48.1 per cent.

This was a great change in favor of the induction of labor; its value was somewhat diminished, however, by the fact that owing to the increased fœtal mortality after birth, the number of children ultimately saved was only 25 per cent. or the same as in spontaneous labor.

Accordingly, Litzman concluded that in the second grade of contraction the induction of labor was indicated in the interest of the mother, as shown by the mortality of 7.4 per cent. compared to 18.7 per cent.

These favorable results of Litzmann were more than verified a few years later by Dohrn, who pointed out that the proper method for appreciating what the operation accomplished was not to compare so many cases of spontaneous with so many cases of induced labor; but to compare the results of spontaneous and induced labor in the same woman. In 32 cases of labor induced by him, 18 were in multiparous women, whose previous labors had also been observed by him. These 18 women had 29 labors at term, in which 26 children or 89.6 per cent. were lost; while the induced labors only showed a loss of eight children, or 44.4 per cent. From these figures he concluded that in moderate degrees of contraction the operation was favorable not only to the mother but also to the children.

Dohrn's statistics were somewhat influenced by the introduction of antisepsis into midwifery, which soon placed the whole affair in a new light, so that even Spiegelberg, in the last edition of his work, 1882, stated that a conjugata vera between 7 and 8 cm., and in justo-minor pelves with a conjugata between 7.5 and 9 cm., the operation was permissible in the interest of the child as well as of the mother. Some of the recent statistics give most favorable results.

Thus Haidlen reports 44 cases from the Stuttgart clinic with no maternal deaths and 72 per cent. of the children saved. While in 67 labors of the same women at term, only 27 per cent of the children were saved.

In 1889 Korn published the results of Leopold's clinic for the last five years, showing the splendid result of 45 cases with only one maternal death and 66 per cent. of the children saved. Calculated by Dohrn's method, 28 of the women had born 38 per cent. of living children at term, and 71 per cent by induced labor. Last July Ahlfeld had induced labor 118 times with the loss of one mother and saved 62 per cent. of the children.

The latest results are those given at the Berlin Congress last summer, when Calderini of Parma stated that the operation had been performed in Italy, in 13 clinics, 305 times, with 4.59 per cent. maternal and 26.88 per cent. fœtal mortality. In the discussion which followed, Dohrn stated that as a rule the premature induction of labor is the best method of treating moderate contraction, 7-8cm. and gave the following statistics in support of his statement.

1. Results for the children.—271 induced labors gave 163 or 60.1 per cent. living children.

2. Results for the mothers.—318 induced labors gave 61 or 5 per cent.

deaths; 215 perforations (Berlin, Halle, Leipzig) gave 12 or 5.6 per cent. deaths; 23 Cæsarian sections (Leopold) gave 2 or 8.6 per cent deaths; 87 per cent children saved.

And lastly Fehling stated that he had performed the operation 60 times without a single maternal death, and had saved 80 per cent. of the children.

Indications.—From the above sketch we will readily see that the introduction of antiseptic methods has robbed the operation in properly selected cases of almost all danger for the mother; 401 cases collected by Korn showing a maternal mortality of 2.9 per cent., or just a trifle more than normal labor in a normal pelvis.

But on the other hand, the fœtal mortality is almost as great as 20 years ago, ranging from 20-70 per cent., the average being about 33⅓ per cent.

So in this operation we have a means of saving about two-thirds of the children without any great risk to the mother.

Or reckoning by Dohrn's method, we save at least twice as many children as if we allowed the mother to go on to term and then resorted to some conservative operation; not to speak of the mothers saved.

These are the prospects of the operation in properly selected cases; but unfortunately, the degree of contraction within which the operation is justifiable is very limited, and we can only think of it in cases of moderate contraction.

According to Litzmann, in flattened pelves with a conjugata vera of 7.5-8.25 cm. (3-3.25 in.), and to Schroeder, 6.5-9.5 cm. (2.5-3.75 in.).

As pelves with a conjugata vera above 8½ cm. (3⅜ in.) offer a reasonable chance to both mother and child at term, and those below 7 cm. (2¾ in.), offer no chance to the child; in 10 cases below 7½ cm., Ahlfeld lost all the children, I think that the operation should be restricted to these limits—that is between 7-8½ cm., (2¾-3⅜ in.), in flattened pelves.

In the justo-minor pelvis, a conjugata of 9½ cm., (3¾in.) or less will usually be an indication for the operation.

In the rare forms of the obliquely narrowed pelvis, whatever its cause, it is very difficult to give any definite measurements, and we must be guided almost entirely by the history of the previous labors.

These figures for the flattened pelvis will appear correct when we consider the transverse diameter of the fœtal head, which Schroeder estimated as follows:

36-40th week, 8.83 cm.
32-36th week, 8.69 cm.
28-32nd week, 8.16 cm.

And remember that the head is far more compressible five to six weeks before, than it is at term.

We thus have the operation restricted to a very small range, 1½ cm. (⅝ in.), which should only be exceeded when the previous history tell us that the previous labors have all ended disasterously.

We should not think of inducing labor in a flattened pelvis with a conjugata below 7 cm. (2¾ in.), for in that case the prospects for the child are almost nil and the dangers to the mother greatly increased. Here we come to the relative indication for Cæsarian section, and in that case, it is best to allow the woman to go on to term, and attempt to save both mother and child by that operation. So we see that the indications for Cæsarian section are hardly invaded at all by this operation, and that they are intended to stand not opposed to each other, but side by side.

Pelvimetry.—With these contracted indications, we readily see that an accurate idea as to the size and form of the pelvis is an absolute prerequisite for the performance of the operation; and the only means by which we can attain this knowledge is by accurately measuring the pelvis.

When we contemplate the operation, we cannot content ourselves with simply measuring the conjugata vera and thinking that we have done all that is neces-

sary. In addition to this, we must measure the distance between the iliac spines and crests and thereby endeavor to determine with what form of pelvis we have to deal. And after doing this, we must carefully examine the interior of the pelvis to determine its height; to see if it is generally contracted, and if contracted, if the contraction increases as we approach the outlet; we must look for exostoses of the pelvic bones, and carefully examine the promontory to see whether it is double or not.

If we think the pelvis at all contracted laterally, we must measure the distance between the tubera ischiorum on each side, as Breisky recommended.

We should also attempt to estimate the transverse diameter of the pelvis, which is most difficult to do. The most that can be expected is to examine alternately with each hand and try to stroke the linea innominata and so relatively to determine the transverse diameter.

This measurement is most important but nearly all methods that have been devised for its determination, are too complicated for general use.

Among the simpler methods we may mention the indirect method of Kuestner, who measures the distance between the ischial spines with Osiander's pelvimeter and to this adds 3.3 cm. (1⅜ in.).

Skutsch, of Jena, has invented a most ingenious apparatus for measuring this and other diameters. I will exhibit the instrument, but as yet I have not had opportunity of testing its accuracy.

Time for operation.—Having accurately measured the pelvis and determined that an operation is necessary, the next question to decide is, when shall it be done? Of course the younger the fœtus, the smaller will be its size, and consequently the easier will be its delivery. But unfortunately, the smaller the fœtus, the less chance it will have of living after birth, even if it survive the delivery. Generally speaking, we say that a child is viable after the 28th week; but its chances of living are almost nil; indeed children 30 to 32 weeks old have next to no chances.

The later the operation, the more chance has the fœtus of living after it; but unfortunately its size and consequently the difficulty of delivery increase with its age. If possible, the operation should be done about the 34th to 36th week, our object being to operate at the latest possible period consistent with safe delivery.

Estimation of the size of the child's head—To fulfill this object we must attempt to gain an accurate knowledge as to the size of the child's head. Unfortunately we are unable to determine its size with mathematical precision, or even with the precision of pelvimetry, so we are obliged to take advantage of every possible hint on the subject.

In the first place we must endeavor to obtain as good a history as possible from the mother as to the duration of the pregnancy, etc.

We should also notice the size of the parents, for generally speaking, large and healthy parents have large and healthy children.

If the woman has had other children, we must carefully inquire as to their size; for we know that the children and particularly the heads increase in size and hardness with successive labors.

We must then endeavor to estimate the size of the head by abdominal palpation and by combined abdominal and vaginal examination, which will prove the most reliable means to most of us.

It has been proposed, when the head is above the brim, to measure its diameters by means of a pelvimeter and to deduct the thickness of the abdominal walls from the result. This is very inaccurate, for we cannot estimate the thickness of the abdominal walls with any degree of accuracy; and except in rare cases are not able to be at all sure what diameter of the head we have between the blades of the pelvimeter.

We must also notice the consistency and amount of resistance to compression that the bones of the head offer.

We are indebted to Fehling for demonstrating that the width of the large anterior fontanelle bear quite a constant relation to the circumference of the head.

So that a wider or narrower fontanelle indicates a larger or smaller head, the average width of the fontanelle being about 2cm. ($\frac{3}{4}$ in). He also showed that the wider the sutures; the larger the head; and that a greater or less distance between the anterior and posterior fontanelles indicated a larger or smaller child. Of course such measurements cannot be made with the child in utero; and can therefore only be approximated and serve to direct our attention one way or other.

Ahlfeld twenty years ago stated that by measuring the child as it lies in utero, from the vertex to breech, and doubling this measurement, we get the length of the fœtus. In some cases it is quite accurate.

To do so, the child is carefully palpated and the highest point of the breech located and marked with chalk. Then with one blade of the pelvimeter in the vagina on the vertex and the other on the chalk mark, the measurement is made. I might also refer to Goenner's measurements of the fœtal feet. He found that they increased in proportion to the size of the fœtus as follows: in large children weighing 3000 grammes, the foot is generally 8 cm. long; in medium sized children, 7.6 cm., and in premature children, 7.3 cm. long, of course this is not accurate and can only be applied when a foot is down.

One of the most important methods of determining the relative proportions of the head to the pelvis, we owe to P. Muller of Berne. He places the woman on her back and presses with the palmar of both hands upon the head, one hand being on the chin and the other on the occiput, and attempts to press it down into the pelvis. At the same time he or an assistant passes a hand into the vagina, by which he perceives readily what progress the head is making. As long as the head can be pressed down into the pelvis, one may feel sure that labor will readily take place. But when only a small segment of the vertex is pressed down, or the head arches out over the symphysis, we know that the time for operation has arrived.

This procedure should be repeated every ten days to two weeks so that favorable moment for operation may not slip away.

Method of operating.—With a case of contracted pelvis before us, whose size and history indicates the necessity for operation; after having determined the proper time for operation, the important question is to decide what method we shall employ.

The fact that very many methods have been advocated, proves that no one method is always successful, so I will mention the most important ones.

As the great danger to the mother is from sepsis, we cannot be too careful in our efforts to guard against it, and so should be most particular in our preparations for the operation.

For several days previous to operating, the woman should have a warm bath daily; and several times a day should be douched with warm water, 95—98 F., containing salt or borax by which the cervix is softened and dilated.

Just before operating, the genitals should be most carefully washed with hot water and soap, followed by a 1-1000 bichloride solution; the vagina also should be carefully cleansed.

The hands of the operator should be washed for at least ten minutes in hot water, and the nailbrush vigorously used, after which they should be placed for several minutes in a 1-500 bichloride solution.

All instruments to be employed should be sterilized by steam or placed in a five per cent. solution of carbolic acid for at least 30 minutes.

The most generally approved method is that of Krause, or the introduction of a disinfected flexible bougie between the membranes and the uterine wall. If properly conducted it is almost entirely devoid of danger for the mother and will bring about the birth of the child in a period varying from 8-314 hours, averaging about 80 hours or about three days.

The insert the bougie, the woman is placed on her back or side as may be most convenient, and the cervix brought down by a pair of bullet forceps and the cervical canal carefully cleansed with bichloride on a pledget of cotton, the bougie is then carefully inserted, so that its lower end is within the vagina, care being taken not to wound the membranes or the placenta. Then the vagina is packed with iodoform gauze, which serves to hold the bougie in place. If at the end of 24 hours no labor pains have been produced, the bougie should be removed and another introduced at another point under the same precautions as at first.

If this method fail, we may resort to the hot vaginal douche which was introduced by Kiwisch and recommended by Spiegelberg and Litzmann. Here a current of warm water, 100-110° F. is allowed to flow from an irrigator through the vagina two or three times a day for a period of 5-15 minutes.

The water acts mechanically upon the cervix, and reflexly upon Frankenhauser's centre for uterine contraction. This method is not so reliable as Krause's, and should not be used in preference to it. Or one may resort to the oldest of all methods, that of puncturing the membranes before the os is thoroughly dilated. This is a sure means of inducing pains, but it is usually tedious and, except in vertex presentations, exposes the child to the danger of prolapse of the funis, etc.

These are the three most important methods and may be used independently or to supplement one another.

As accessory to these, one may loosen the membranes about their lower pole, tampon the vagina with iodoform gauze, or employ Barne's bags. If the pains are weak, Fehling recommends version by Braxton Hicks' method, and bringing one leg through the cervix, whereby increased contraction is produced, and one is afforded a ready means of ending the labor as soon as one deems it expedient in the interests of the mother or child.

By one or other of these methods one cannot fail in the induction of premature labor; so that I do not think it necessary to go into the numerous other methods that have been devised for the same purpose.

Of course the labor should be conducted as if the woman were at term, remembering that the child is less resistant to injury than if it were at term. Naturally the immature child cannot so well resist the external influences to which it is subjected as one born at term; and consequently one must be most careful in its treatment.

The child should be nursed by the mother or a wet nurse and no attempt should be made to feed it artificially.

The most important point in the care of the child is to keep it warm and protected from changes in temperature. For this purpose it should be carefully enveloped in cotton batting, and if possible placed in some specially devised apparatus.

It is useless to go into the details of the different methods that have been proposed for keeping the child at a constant temperature, and I will only say that Crede's double walled tub is far simpler than the apparatus of Tarnier or Winckel.

A CASE OF GANGRENOUS ERYSIPELAS, WITH REMARKS ON THE ETIOLOGY AND TREATMENT OF ERYSIPELAS.*

BY RANDOLPH WINSLOW, M. D.

Some years ago I was called to see R. H., aged 51, a blacksmith by occupation, apparently healthy, but subject to boils and superficial ulcerations. He was somewhat addicted to drink, but was not a confirmed inebriate. He denied having had syphilis. These ulcerations generally healed readily upon the application of simple remedies. A few days previous to

*Read before the Medical Society of the Woman's Medical College of Baltimore.

my first visit he excoriated the skin over the inner maleolus of the left leg, and as it refused to heal he sought medical treatment. He now had a small ragged looking ulcer, with purplish bruised edges, which was painful when he walked. Being under the impression that the sore had only been irritated by the shoe rubbing against it, I ordered carbolized linseed oil to be kept applied to it, and expected it to heal in a few days. By the next day there was some increase in the size of the ulcer, the surrounding skin was reddish, and the pain unabated. Erysipelas of a virulent character set in from this time, and spread with great rapidity, accompanied with much sloughing of the skin and connective tissue. Fever was soon developed, the pulse became very quick and feeble, the tongue furred, and sleep much impaired. In spite of vigorous efforts to combat the disease, it constantly progressed. Each day it was necessary to remove a large amount of necrotic tissue, which occupied a space that was healthy or but congested skin at the previous visit. In a week the whole leg from the ankle to within a few inches of the knee, with the exception of a narrow strip of healthy skin upon its outer aspect, had been invaded, and the integument and subcutaneous connective tissue destroyed, leaving an immense wound in which the tendons of the posterior tibial, flexors of the toes, the tendo Achillis, and higher up the limb, the gastrocnemius, were exposed, together with the blood vessels and nerves, and the periosteum of the tibia. In three weeks the disease seemed to be arrested, and hopes of his recovery were entertained, the extensive cavity granulated rapidly, and began to cicatrize. These hopes were, however, delusive, soon the fatal fire began to spread again, the gangrene passed behind the knee, and up the posterior aspect of the thigh, until it reached the natis, causing the destruction of all the affected parts. From the lower portion of the sore, the inflammation descended upon the foot, exposing the muscles, tendons and other tissues upon its dorsal surface. How much more tissue would have been attacked it is impossible to say, had not death arrested its progress. He died in less than two months from extreme exhaustion. He was treated promptly and vigorously ℥ss doses tincture ferri chloridi were administered every three hours from the beginning, along with stimulants, tonics, alteratives, anodynes and free nourishment with milk, beef essence, etc. Various disinfectant applications were used locally. At one time salicylic acid lotion appeared to be of great benefit, but the infection continued to spread, and finally claimed the victory. One would expect from the clinical history of such a case, to find a broken down hospital or pauper patient, but this man was in comfortable circumstances and able to command all the necessaries of life. He continued to follow his trade up to the time he was taken sick. His house was small, but comfortable and was sufficiently well ventilated, and there was no known local cause to account for his illness.

Erysipelas is an acute infectious disease characterized by a non-suppurative inflammation of the lymphatics of the skin or mucous membrane. Whilst the contagiousness of erysipelas has been recognized for a long time, it is only within the past twenty years that the microbic origin of this affection has been determined, and it was as recently as 1883 that the specific cause was demonstrated by Fehleisen to be a micrococcus, to which he gave the name of streptococcus erysipelatosus. This germ, examined under the microscope, appears in chains, the links of which are micrococci. Inoculations of pure cultures of this streptococcus will produce erysipelas in both animals and men. In order for the microbe to be effective there must be some traumatism—that is, a wound—through which the germs may reach the lymphatic vessels. The old classification of idiopathic and traumatic erysipelas will have to be given up, since all cases de-

pend upon some traumatism, however slight this may be. It has been customary to describe erysipelas under the three heads of cutaneous, cellulo-cutaneous or phlegmonous erysipelas, and cellular erysipelas, which is manifestly inaccurate, since the germ of erysipelas does not produce suppuration, which is a constant attribute of the cellulo-cutaneous and cellular affections, hence we have confounded several diverse conditions under the one classification. When phlegmonous erysipelas occurs secondary to the cutaneous form, it is due to inoculation of some abraded surface, as that left by a blister, with the germs of suppuration. Erysipelas gangrenosum is a rather rare, and very serious form of the disease, in which sloughing of the skin takes place, probably the result of the choking of the lymphatic vessels and connective tissue spaces with masses of the streptococci. In regard to treatment, we must remember that prevention is much better than cure, and our operations should be done with that degree of antiseptic thoroughness which will effectively preclude the development of erysipelas. If the disease developes in some of its many forms, an antiseptic dressing is still capable of excellent service, both tending to restrict the further spread of the inflammation and also protecting to some degree others who may be exposed to the contagion. Senn strongly recommends the application of compresses wet with a weak, hot solution of corrosive sublimate. I have seen the disease localized and soon disappear after painting the affected area with iodoform collodion. In a number of cases I have seemed to derive marked benefit from the use of ichthyol, 25 to 50 per cent., applied to the inflamed surface. There is doubt whether internal medication possesses much value in arresting this disease. Most physicians give tinctura ferri. chlor. in rather large doses every 2 or 3 hours, and it has seemed to me to exert a favorable influence. Where adynamia threatens, stimulation and a generous diet must be employed. Camphor is highly recommended by some in the condition of collapse and heart failure, which sometimes occurs. When the temperature is high, quinine may be employed, and full doses of Dover's powder to quiet restlessness and produce sleep.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD FEB. 12TH, 1891.

The 720th regular meeting of the Society was called to order by the President, Dr. David Streett.

Dr. T. C. Gilchrist and Dr. Wilmer Brinton were elected to membership.

Dr. D. W. Cathell related some cases of

ECZEMA CAUSED BY THE USE OF IVORY SOAP.

About two years ago he saw two children with eczema of the feet. While visiting them one day, the mother asked him if the disease could be caused by the use of ivory soap? He said he thought not. A short time after this he saw another case of the same trouble. This time *he* put the question as to whether ivory soap was used, and he was answered in the affirmative. Soon after this he saw another case of the same disease, and found that ivory soap was used, and that the disease had manifested itself since this soap had been introduced in the family. This has occurred so frequently that he confidently tells the patient that they "use ivory soap," when he sees a case, without asking any questions. It is a peculiar form of red eczema and appears as if the epidermis had been absorbed or dissolved as by chemical action, and as though the eczema had been precipitated on them without it going thro' the various gradations of the disease.

He did not know who was the maker or where this soap was made, but is sure it is the cause of 17 out of 20 cases of red eczema that he has seen in the last two years.

Dr. H. T. Rennolds said he had not observed anything of this kind, but it is worthy of remark that Dr. Kelly in his remarks before the Society some weeks ago, said that he used ivory soap.

Dr. J. F. Martenet said he had had no experience with it himself, but on one occasion when he was with Dr. Councilman, who was making a post mortem, he (Dr. C.) excused himself and left for the purpose of getting a cake of ivory soap, and when he returned he stated he used it to the exclusion of all other soaps.

Dr. F. C. Bressler said he used it in his office and carried it in his satchel, and has seen no bad effects from its use. It was recommended to him by a fellow practitioner who uses it in an extensive obstetric practice.

Dr. W. S. Gardner said he had used it since '82, and cannot use any other on account of the tenderness of his skin; other soaps caused his hands to chap. He knows a number of ladies, one especially, a blonde young woman of very delicate skin, who all use it in preference to any other kind. They use it at the Maternité for all purposes, for laundrying, bathing, &c.

Dr. D. W. Cathell said he was confident that if the members of the Society will make observations with this in mind, they will observe the same thing which he has observed. This soap is a nice looking article, it floats, and is a good solvent, and the people who use it may think so well of it, as to use it to excess, thus these eczemas may be caused by the abuse, rather than from its proper use. He is certain that he has not placed the number of cases he has observed too high. But that this soap *has* caused this peculiar form of red eczema he is equally sure.

Dr. Wm. S. Gardner related

A CASE OF DEATH OF A NEW-BORN CHILD, FROM AN UNUSUAL CAUSE.

The mother was a primipara, aged 22. Her pelvic measurements were, between the anterior superior spinous processes $10\frac{1}{4}$ inches, between the crests of the ilii $11\frac{1}{2}$ inches, and the external conjugate was 7 inches. These measurements not indicating any deformity, no difficulty in her labor was anticipated. When labor came on, it progressed very favorably, the first stage being completed in $4\frac{1}{2}$ hours, the head was in the left occipito-anterior position, and rotating only about half the distance that it should, it descended into the pelvis until it came nearly to the perineum.

After waiting what was considered a reasonable length of time—the pains having continued good—an anæsthetic was given, and forceps applied. A considerable amount of force was required to deliver the head. Immediately after the face cleared the perineum, meconium began to steam from the nose of the child. At least an ounce of meconium came from the nose of the child before the body was delivered, and a considerable quantity was removed from the mouth with the finger. The cord pulsated, but the child made no efford to breathe. A variety of methods of artificial respiration were tried, but no air could be gotten into the lungs. About fifteen minutes after the birth of the child, the heart stopped beating. Dr. Kierle made the post mortem and found the trachea filled with meconium. The same pressure which forced the meconium out of the nose, in all probability, als forced it into the trachea.

The case is of interest on account of the unusual cause of death. A large portion, probably a majority of still births, that is of children who die during labor, are caused by fracture of the base of the skull.

Dr. F. C. Bressler said he had a case of placenta previa some time ago. After having performed podalic version, the

head became arrested at the outlet with face toward the hollow of the sacrum. He noticed that the child made several convulsive efforts at respiration. After its birth he found its mouth filled with meconium and mucus. He cleansed its mouth, but owing to the serious condition of the mouth, he could not devote much time to it. When he came to devote his attention to the child, it could not be made to breathe by any of the methods of artificial respiration. This was the only case in his experienee where meconium was found in the mouth. He thought Dr. Gardner's case was a rare one as death in this case was undoubtedly caused by meconium in the air passages. He questioned the accuracy of Dr. Gardner's statement that in most of the still births, death was caused by fracture of the skull. He made it a point to examine every case of still birth carefully and thoroughly, and he has not been able to find fractures of the skull. Those that he has seen were due to the forceps.

Dr. Gardner asked if Dr. Bressler had made any post-mortems in these cases?

Dr. Bressler said no, he had not, but in examining them he had depended on his tactile power, and he thought he could detect a fracture on a dead baby's skull, especially as the examination could be very thorough, as there need be no fear of hurting a dead baby. He thought most cases of still births were due to want of proper treatment by the obstetrician, either in delaying too long to assist nature, or after the child's birth in not applying proper restorative measures.

He believes that if a soft catheter were used oftener to suck out foreign matters from the trachea, that more children would be saved.

Dr. Gardner said the fractures he spoke of were not fractures of the vault of the cranium, produced by forceps, but fractures of the occipital bone, produced by the uterine contractions acting through the spinal cord. These fractures are found where the forceps were not used early enough and can in no case be caused by them. The fractures over the vault of the cranium can easily be felt by anyone, but the fractures about the base of the brain can only be demonstrated by post mortem examination.

Dr. Wm. H. Norris related several cases where a diagnosis of malingering was made by the Faradic battery. He was called to see a woman, who, it was said, had taken laudanum. He found her perfectly insensible. On examining the pupils he decided she had not taken enough laudanum to cause trouble. She was cataleptic. He sent for some aqua ammonia and placed it to her nose, it had no effect. By this time her family physician arrived, and he seemed to be badly frightened. They could not get her mouth open to administer medicines. He (Dr. Norris) then sent for his Faradic battery, he applied one pole to the epigastrium, and the other at the angle of the jaw. Her mouth flew open, and she vomited freely. She had not taken any of the emetic which the doctor had provided himself with when he received the call, but it was then administered, and she went on to recovery in a short time. He was called to another case, that of a colored woman, who was a member of a sick benefit society. Her physician had told her that she must be taken off of the sick list. She was also unconscious and could not be induced to open her mouth. He applied the battery, as in the other case, and she soon opened her mouth. She was given an emetic and she went on to recovery.

He has seen a number of cases similar to these, and especially where it was desirable to have them open their mouth, the battery did the work promptly and satisfactorily.

Dr. Bressler said a man may be called to see a case of this kind, there may be a history of having taken poison, or whatever the history may be you wish to satisfy yourself as to whether it is a case of hysteria or uræmia. In these cases you may not be able to get a Faradic battery, but there is a method which you will always have with you, and that is a method recommended by some surgeon, (whose

name he could not recall) of pressure over the supra-orbital nerves. If you make pressure in this way for three to five minutes, and your patient does not respond, you may be sure there is some serious trouble.

He was called to see a young woman a short time ago, she was lying unconscious, and this attack followed immediately after having had a quarrel with her husband. There was a history of kidney disease in this case. After examining carefully and finding no organic trouble, he tried supra-orbital pressure for five minutes, without any response. She was then cathetrized and the urine was found loaded with albumen. She died shortly after in uræmic coma.

Dr. J. F. Martenet said he had read the article referred to by Dr. Bressler, it was written by a New York surgeon, and he had tried it and finds it a safe and ever ready method.

Dr. J. B. Saunders said he had never used this method to revive a patient in hysterical coma, but he had tried it as recommended by a Frenchman, to cut short an hysterical attack and it does so very promptly.

Dr. David Streett said he had been much interested in the discussion on account of the reference to the subject of uræmia. He believed the subject of uræmia of much more importance than is generally conceded by the practitioner, and that it exercises a potent influence on many cases of disease which comes under our care. He thought an examination of the urine in many cases of so-called hysteria, would reveal to us something graver than hysteria. He said his attention was directed to this subject several years ago by a prominent practitioner, who related that he was called as consultant in a case which was being treated for hysteria. The patient was lying in a sleep or "trance," and it looked very much like a case of hysteria.

Her urine had not been examined up to that time, and on his suggestion her water was drawn and on examination it was found loaded with albumen. The patient died in about fourty eight hours. In another case, of a lady, who was being treated for hysteria by a gentleman who had a large experience in diseases of the nervous system. The speaker was called to see her and found her comatose. On drawing off and examining the urine, he found it filled with a large amount of albumen, she had nephritis and died in twenty four hours. Her physician had omitted examination of her urine. Insanity and hallucinations are among the symptoms, always to be expected in cases of chronic nephritis. Some cases have hallucinations, some are noisey, some sad, some merry and some are "cranky" and queer in various ways. No doubt many of these cases would be explained by a careful examination of the urine. The kidneys are among the most important glands in the body, excreting a large amount of exerementitious matter from the blood. When these organs become deranged should we not expect to find, as a result, important morbid and clinical phenomena? The physician is as derelict in his duty in neglecting to examine for kidney disease, as he who neglects to investigate diseases of the respiratory or the digestive system. He considers this subject of so great importance, that he examines the urine in nearly all cases and as a result, he finds many cases of kidney derangement. Some years ago he attended a boy about 15 years of age, for crupous pneumonia, he had a typical case and recovered about the usual time and was dismissed.

The boy came to his office several weeks afterward for a small abrasion on the neck made by his collar, which he said would not heal. He came several times for this little ailment and Dr. S. said he noticec that the boy had improved very much in appearance since having the pneumonia. He did not appear swollen but looked well and rounded in flesh. The boy was about to leave the office at one of these visits and said "doctor what makes my eyes so swollen in the

morning when I get up?'' The truth suddenly flashed upon the doctor that the boy's kidneys required attention. He had a five week spell of acute nephritis and recovered, as do most cases of the acute form.

Dr. Streett then related

A CASE OF SCIATICA CAUSED BY PRESSURE OF THE PREGNANT UTERUS.

He was called about ten days ago to see a lady who was suffering great pain. She had an acute attack of sciatic neuralgia in the left leg; the pain being so intense that she screamed aloud with each paroxysm. A paroxysm would be caused by the slightest touch or motion of the leg or foot. She was placed on morphia gr. ss every two hours, until relief was obtained. She took this almost steadily for five days. The pain was constant, but more intense with each paroxysm. The limb was bathed in chloroform liniment and imbedded in flannel and cotton. He also gave quinine grs. xv twice daily. She remained about the same. He noticed that the uterus was hard and enlarged to about the size of three months' pregnancy. She was near the menopause, and had heen suffering with hæmorrhage and irregular menstruation for several years. He questioned her closely as to the possibility of being pregnant, but she said she did not think it possible. He then told her that the sciatica was caused by the enlarged uterus pressing upon the nerves in the pelvis. On the occasion of his sixth visit, she said she had passed what seemed to be a blood-clot from the vagina. On examination it proved to be a fœtus of about six weeks, in the membranes intact. She did not have any more paroxysms of pain in the leg after the passing of the fœtus. The leg remained sore for a few days, but she is now well and sitting up in her room. It is very evident that the pain in the leg was due to the expulsive efforts of the uterus in trying to expel the fœtus. On examining the uterus it was found to be large and hard, apparently a fibroid; it was completely retroverted, the fundus in the hollow of the sacrum and the os high up behind the symphisis pubis, and difficult to feel. He said he had some compunctions of conscience in regard to the large doses of quinine he had given her, as some are of the opinion that quinine in large doses may cause a miscarriage. But he had frequently given quinine to pregnant women before, and had never had any injurious results.

Dr. S. T. Earle said after practicing for fourteen years in a malarious climate, he of necessity had an extensive acquaintance with quinine. He had given it frequently, in all manner of doses, to pregnant women and had never found any ill effects from its administration.

Dr. W. S. Gardner said as to examining the urine in cases of convulsion, he thought it would be misleading if we depended on the presence or absence of albumen alone, to make a diagnosis. He has the records of a number of cases of women who had *no* albumen in their urine up to the time of having convulsions, when it was found. In others, where there was a small quantity of albumen, it was *increased* in amount, if examined a short time after having convulsions. In one case, where the resident physician passed a catheter as soon as the patient became quiet enough to do so, *no* albumen was found, but in examining the urine again, obtained in the same way, long enough after the convulsion for the kidney to have secreted it *after* the seizure, albumen was found. The fact of albumen being in the urine, especially after a convulsion, was not diagnostic of renal disease. On the other hand we may have renal disease and there be *no* albumen in the urine. As in the case of a woman who had frequent convulsions, and frequent examinations of the urine showed no albumen, but there was always a low sp. gr.

When she died the post mortem showed contracted kidney. As to quinine, he gave it to women unmindful as to whether they were pregnant or not, and he has

not had any trouble that he could ascribe to it.

Dr. David Streett said it is well-known that we rarely find albumen in the urine of patients suffering from contracted kidney. There is another class of cases of nephritis in which there is an absence of albumen and that is the nephritis of pregnancy. This clinical fact mentioned by Dr. Gardner is mentioned in Flint's Practice of Medicine. So that Dr. Gardner's statement is in accord with the statement made by Flint. The examination of urine as frequently made by heat and nitric acid gives us some information, but falls short of what is desired. In examining urine, note should be made of color, odor, reaction to litmus, sp. gr. and the presence or absence of albumin, sugar, phosphates, etc., and by the microscope for tube casts, epithelial cells, crystals, etc. When there is a small amount of albumen he thought Heller's layer test the most delicate.

Dr. R. G. Davis said when he finds a low sp. gr. he always asks if the patient has drank beer and usually the answer is "yes."

Dr. J. F. Martenet said while sp. gr. is of some importance, we should not put too much value on it, as it may be brought about, as Dr. Davis has said, by drinking beer ar any fluid. The ordinary examination by heat and nitric acid is not reliable, the microscope is the best method of examining where we wish to get definite information. He knew of a case where a gentleman was being treated by a physician of large practice, who examined the urine by heat and nitric acid and said there was nothing wrong with the kidneys, the patient grew worse and worse, he had œdema of the legs up to the knees, and his dyspnœa was so marked that he could not lie down. A consultation was had, the urine examined microscopically and tube casts were found.

He was called to see a lady who was said to be hysterical, he examined the urine by the microscope and found tube casts. She recovered under proper treatment. As to the sciatica due to pressure of the uterus on the sacral plexus, as reported by Dr. Streett, he has a case of a man with hæmorrhoids, who has a sciatica and is almost a cripple from the pressure of the hæmorrhoids on the sacral nerves. This patient refuses to be operated on for the removal of the hæmorrhoids. Another case of a lady, with a relaxed vaginal outlet, and the pressure of a subinvoluted uterus on the sacral plexus has developed a sciatica in her case. In this case, the pain is relieved by introducing the finger and lifting up the uterus.

Dr. Streett said sp. gr. varies with the form of the nephritis, the quantity of liquor imbibed, the degree of perspiration, and the condition of the alimentary canal. Diarrhœa, for instance, lessens the quantity of the urine also. Referring to the relative importance of visual symptoms. About seven years ago he was attending a patient for myalgia, when without any warning he suddenly became blind. He consulted an eye specialist and found the patient had acute nephritis and uræmic amauorosis as a result. He regained vision in about 4 day's and made a good recovery. In another case, a lady, whom he was attending said her daughter had some trouble with her eyes, she being near sighted. He referred her to an eye specialist who diagnosed nephritis by the ophthalmoscope and told her to call her family physician in. That night he was sent for suddenly, and found her in uræmic convulsions, she was in the fifth month of pregnancy. She died in twelve hours. In diagnosing nephritis, we should not consider symptoms in the abstract, but should draw our information from every possible source; The condition of the patient, the symptoms, the history of the case and the results of a thorough examination of the urine. Do this and we will seldon err in our opinion.

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BALTIMORE, MARCH 21, 1891.

Editorial.

ARSENIC IN WALL PAPER.

In answer to the questions: "In what quantity and to what extent is arsenic presen in wall paper?" and "Is the public health thereby in any degree affected?"

Mr. Galloway in the *Proceed. Amer. Pharmaceut. Asso.* 1889, discusses the subject generally, and gives the results of an analysis of 100 samples of wall paper taken at random from many sources. The presence of arsenic is so general that it would perhaps be impossible to exclude it entirely from all articles of house decoration, but its deliberate use as a coloring agent for such purposes should not be tolerated. As an indication of the extreme limit to which such adulteration should be restricted, we may take the amount fixed by a bill lately presented in Massachusetts, in which it was proposed that it should not exceed 7 mg. per square meter. Now, in 27 of the 100 samples examined by Mr. Galloway, it exceeded 7 mg. In 13 it exceeded 20 mg. and in 7 it exceeded 50 mg. In 5 samples there was as much as 100 mg., in 3 samples as much as 200 mg., and in 1 sample as much as 600 mg.—that is something like 7 grains of arsenic, (AS_2O_3) to each sq. yd. of wall paper. Contrary to his expectation, he found that he could not, before examination, tell whether any given sample of wall paper would be found to contain arsenic or not. Nor could the quantity present be suspected from the appearance of the paper. In the sample which contained 600 mg., the arsenious oxide was almost entirely in the red figures.

It is certain that the arsenic contained in wall papers does, under certain circumstances, produce arsenic poisoning in the inmates of the chamber upon the walls of which it has been placed. The arsenic may, especially in damp weather, be converted into arseniuretted dydrogen, a very poisonous gas, the inspiration of which even in very small quantities sometimes produces most alarming symptoms; or it may fall off in dust and cause by its contact, particularly after sweeping or dusting, irritation of the eyes, nose, mouth and throat resembling a common catarrh, and when swallowed in the saliva it may give rise to indigestion, nausea, diarrhœa and general debility. Many of the cases of "chronic dyspepsia," "nervous prostration," etc., which resist all treatment until "rest and change of air" are prescribed, and which return with force when the patient returns to his home, are due to poisoning by arsenic in the wall papers.

In the *Report Mass. Board of Health* 1883, a list of 42 cases of arsenic poisoning was given most of them being traced to this source.

In the discussion of Mr. Galloway's paper, Mr. Manning cited an instance where a lady living in a city of Massachusetts, died of arsenic poisoning, the source of which was conclusively proved to be the wall paper; and this opinion was commonly accepted by the citizens. Mr. Whelpley, referring to the fact that the manufacture of wall paper was a grand "trust," equalled only in its complete exclusiveness by the Standard Oil Combination, stated that a capable druggist might do the community a great benefit by examining wall papers for arsenic, and might easily derive a profit from the work.

The difficulties in the way of tracing obscure diseases to this source are so great and the presence of arsenic is so general, yet so uniformly and strenuously delied by the manufacturers, that the only method of dealing successfully with this great public evil, in the absence of good and well-enforced state laws on the subject, is by using the above and similar methods for enlightening and protecting the people. Until a public sentiment is thus cultivated attempts to meet the evil by legislation are sure to end in failure. Upon suggestion of Mr. Hallberg, it was decided to request the American Public Health Association to take up the matter and secure legislation upon the subject.

IS LETTUCE A CARRIER OF DISEASE?

In foreign lands many varieties of green herbs are used uncooked as table relishes, but in this community lettuce is about the only green herb in common use for this purpose. In view of the fact that lettuce is eaten raw, and of the assertion made by scientific men that poisonous matters are taken by such herbs directly and unchanged into their tissues from the soil about them, it would be well for those who are interested in the puplic health to consider the methods by which the marketman fertilizes his garden and forces his early vegetables.

It is well known that unsterilized night-soil is used freely by gardeners and farmers about Baltimore as a manure for their plants. How it must stir the heart of the sanitarian to think how the nimble bacilli of typhoid and dysentery, after multiplying and waxing fat in the seclusion of the family cess-pool, are carefully tucked about the roots of succulent market vegetables. But, this is not all. The industrious market gardener in the counties, in his eagerness to be first in the market, dilutes the human feces from the said cess-pool with water and by the aid of a watering pot sprinkles it daily upon his lettuces and cabbages. The plants, grow large, and more or less saturated with fecal matters, are then served as an appetizing luxury upon our tables, having first undergone such a cleansing as the cook thinks necessary. These statements may be disputed but they come from a farm hand who "has been there."

Medical Progress.

A COMPLICATED CASE OF NEURO-MUSCULAR DISEASE.

A peculiar case of amyotrophia is described by Dr. G. Kobler in the *"Medincinisch-chirurgische Rundschau."* The

patient, a small boy, 8 years old, had suffered during the first year of his life from an attack of acute poliomyelitis. His appearance at the time of the report showed paralysis, marked atrophy, with loss of electrical irritability in the deltoid, biceps, brachialis, pectoralis, trapezius, rhomboideus and latissimus dorsi of the right side. Further examination showed increase in the volume of the muscles of the right lower extremity, with no diminution in the strength. There was a history of pseudo hypertrophy of the upper extremity as well as of the lower, which had persisted for three years, the only remains of which was the present existing hypertrophy of the right thigh. In summing up the successive symptomatic phenomena in the case the author concluded that (1) the case was one of old poliomyelitis; (2) that there was progressive atrophy of the muscles of the shoulder; (3) that there was a genuine primary myophathic hypertrophy of the muscles of the right thigh; and (4) that the spastic phenomena depended upon the spinal lesion. Kobler attemps to explain this complexity of symptoms by citing a single case, reported by another author, in support of his theory. This case was that of a young child in in whom the poliomyelitis persisted for three years, and was followed by various nervous disturbances, particularly the developement of atrophies. He was convinced that the disease was the outcome of a vulnerability of the entire muscular apparatus.—B. M. in *Jour. of Mental and Nervous Disease.*

MEGRIM, ACCOMPANIED WITH PARALYSIS OF THE THIRD NERVE, AT FIRST TRANSIENT, BUT SUBSEQUENTLY BECOMING PERMANENT.

That megrim is sometimes accompanied by paralysis of the third nerve is well-known, but that this transient and generally called functional paralysis should become permanent is extremely unusual. This, with some other points of interest in the following case, is I think sufficient reason for its publication.

George C——, aged 12½ years, the child of healthy parents, was brought to me last September, having suffered for the last five years from recurrent attacks of the following nature. An attack begins with a feeling of languor and general weariness. The child is at the same time extremely restless, wandering about unable to settle to anything or to attend school. This prodromal stage often lasts from one to even three days, and is accompanied towards the end of this time by continued slight but increasing pain in the left frontal region. Then suddenly there supervenes a period of from 12 to 24 hours characterised by intense nausea and vomiting, associated with pallor; irregular, slow and feeble pulse, and great prostration. The pain now rapidly increases, and soon becomes agonising. This pain is referred to the course of the supra-orbital nerve of the left side, but is also felt over the occipital protuberance, but much less severely. There is at the same time increased lacrymation and a discharge of watery mucus from the left nostril, great intolerance of light, prominence of left eyeball and increase of intra-ocular tension, wrinkling of left side of forehead, with fibrillar twitchings of the frontalis, &c. Gradually increasing paralysis of the third nerve then follows, the various branches of that nerve being affected in the following order of severity: the levator palpebræ superioris, rectus superior, and obliquus inferior are completely paralysed. The rectus inferior is almost completely paralysed, and the rectus internus is partially paralysed. The pupil remains midway between contraction and dilatation, and reacts but slightly to light or accommodation, the reactions being anomalous. To light there is a momentary, almost imperceptible, contraction, followed by a slight permanent dilation. The pupil dilates, too, slightly when the patient looks from a distant to a near object. There is also marked double vision over the whole field

visible to both eyes. During the height of the attack the child seems extremely ill. His face is pallid and the expression anxious; tongue furred; bowels confined; the urine scanty and high-colored. There is complete anorexia. After a variable time the pain leaves him almost suddenly, the sickness abates, the appetite at once returns, and within a few hours he feels quite himself again. The paralysis, however, remains for a day or so, but gradually passes off. Lately these attacks have become more frequent and more severe, and have left more and more residual paralysis, till at the present time there is almost as much paralysis between the attacks as during one. There is no optic neuritis or atrophy or other appreciable change in either fundus, but vision, especially in the left eye, is much impaired, enabling him to do little more than count fingers at three feet with that eye. There is no family history of epilepsy, megrim or other kindred neurosis, or of syphilis in either parent. The mother gives the following history: The child was quite healthy up to four years of age, when he had scarlet fever rather badly, but this was not followed by any discharge from the ears. Since then he has suffered at frequent intervals from severe "colds in the head," and from what the mother calls "sick headaches," also from occasional nocturnal incontinence of urine. She dates his present attacks from his 7th year, and says they have continued at intervals of from three to four weeks ever since. If he goes beyond four weeks without an attack, the next is proportionately severe. Between the attacks he appears to be in good health, and is an intelligent though rather ill-developed boy. He is also the subject of double undescended testicle.

This case is probably a variety of megrim, and certainly should be classed among the paroxysmal neuroses. The nuclei of the third and fifth nerves of the left side are probably first affected, the "storm" spreading also to the nucleus of the vagus, as evidenced by the vomiting and irregular cardiac action. If we regard these storms as of vaso-motor origin and consisting of spasms of the arterioles supplying these nuclei, an explanation of the permanence of the paralysis suggests itself. If the nucleus of the third nerve were repeatedly deprived for some length of time of its proper nutritive supply, what was at first a mere functional derangement might ultimately become an organic change, and partial atrophy of the nervous elements might result, having for its visible effect permanent paralysis of the muscles supplied from that centre.—E. N Nason, M. B. Cantab., M. R. C. S. in *Brit. Med. Jour. Feb.*, 28, 1891.

TREATMENT OF EXCESSIVE SWEATING.

Kaposi is said to recommend the following treatment in cases of excessive sweating.

℞.—Powdered tannic acid 75 grains.
Alcohol 6 grammes.

This is to be made into solution and employed with friction several times a day, in case of excessive sweating of the axillæ, the skin being afterward covered with pulverized talc. In excessive sweating of the feet it may be useful to employ the powdered talc, powdered starch, or lycopodium with powdered almonds. It is also sometimes useful to resort to washing the parts with alcohol. The patient must be warned not to rub the feet with glycerin or ointments.

TREATMENT OF INTERCOSTAL NEURALGIA.

Menard treats intercostal neuralgia by applying a blister over the painful spot, by painting the part with iodine, or by the use of hot and cold douches. At the same time, if the pain is severe, he administers small doses of opium, or even hypodermics of morphine. Sometimes atropine or chloroform may be needed, and frequently soothing liniments have to be applied. The causes of intercostal neuralgia are numerous, and the condition

which provokes the pain must be discovered and removed. If it is due to anæmia, Menard advises a course of baths, accompanied by the use of one of the preparations of iron. On the other hand, if the neuralgia be due to rheumatism, the salicylates, antipyrine, or diaphoresis must be resorted to; and if the case is a chronic one, sulphur, alkaline or thermal baths should be adopted. Venesection, however, in the majority of cases gives excellent results. In other instances, iodine ointment applied to the wall of the chest, protecting the clothing by means of an adhesive plaster, seems to do great good.

A CASE OF SLOUGH OF THE LIP IN A DIABETIC PATIENT.

Dr. Sturgis reported at a meeting of the Boston Society for Medical improvement this case. (*Boston Surg. and Med. Jour*). On December 14th last I was called to see a gentleman, sixty-four years of age, who had what he thought was a large cold-sore on his lip. The right upper lip was much swollen, and the swelling extended to the malar bone above. There was a slough forming on the lower border of the lip. I at once called Dr. M. H. Richardson in consultation. The slough began to separate on the following day, disclosing behind it a pocket about half an inch deep and very nearly the same measurement across. The lip was now very hard and brawny and of a dusky color.

On the 16th, another opening formed on the inner aspect of the lip. This opening was caused, I think, by pressure from the lower canine tooth on that side. On the 23d, or ten days since the first appearance of the disturbance, both openings had closed and the lip had returned to nearly its normal appearance. Treatment consisted in keeping the abscess well washed out with corrosive, 1-6000, and removing all shreds four times daily.

The case is interesting for three reasons:

1. The patient had been a diabetic for seven years. When he came under my care in October, the sugar was 5.8 per cent., on November 24th, 3.35 per cent. The urine examined after healing of the abscess contained 2.40 per cent., showing that the morbid process in the lip had caused the sugar to diminish if it had any effect in any way.

The extraordinary rapidity with which the slough separated and the abscess cavity healed. In diabetics formation of sloughs is very common, but their separation and subsequent healing of the abscess is, as a rule exceedingly slow.

At no time during the course of the abscess was there any pain, fever or other constitutional disturbance. Sleep was good, and the appetite fair throughout. The patient told me that for three years past he had had no appreciable secretion of saliva. During the course of the inflammation there was an abundant flow, and since the healing the amount of saliva has been normal. So it would seem that an abscess on the lip, which in diabetics is prone to run to a fatal termination, in this case has left the patient in better general health than before.

THE MANAGEMENT OF SYMPATHETIC OPHTHALMIA.

At a meeting of the Académie de Médicine in November last, M. Abadie professed to have discovered a mode of treatment in sympathetic ophthalmia which would render unnecessary the enucleation of the injured eye. His plan was to cauterize, by means of the galvano-cautery, the edges of the wound in the injured eye, and then inject into its substance a drop of a one per mil solution of perchloride of mercury. This caused the subsidence of all sympathetic morbid phenomena. Should a single injection not suffice, it might be repeated in a few days, but it was seldom necessary, he claimed, to give more than two or three injections in order to bring about a complete cure of any case, even those apparently the most grave.—*Med. Rec.*

Reviews, Books and Pamphlets.

Treatment of Ectopic Pregnancy, with report of a case. By WILLIAM H. WATHEN, M. D., Louisville, Ky. Reprint.

Resection of the Optic Nerve. By L. WEBSTER FOX, M. D., Philadelphia. Reprint from the *Med. and Surg. Reporter*, Feb. 7, 1891.

A Further Study of Anodal Diffusion as a Therapeutic Agent. By FREDERICK PETERSON, M. D. Reprint from the *Med. Rec.*, Jan. 31, 1891.

A Successful Vaginal Hysterectomy for Carcinoma Uteri. By WILLIAM H. WATHEN, M. D., Lousiville, Ky. Reprint.

The Necessity for a Civilian Directorship of the New Weather Bureau, as Against a Military Protectorate. By THOMAS J. BROWN. Reprint.

A case of Intracranial Neoplasm with Localizing Eye Symptoms: Position of Tumor Verified at Autopsy. By CHARLES A. OLIVER, M. D., of Philadelphia. Reprinted from the *Archives of Ophthalmology*, Vol. xx., No. 1, 1891.

A Study of Sterility; Its Causes and Treatment. By THOS. W. KAY, M. D., of Scranton, Pa. Reprinted from the *Journal of the American Medical Association*, Feb. 7, 14 and 21, 1891.

The Rational Treatment of Uterine Displacements, Based Upon a Consideration of the Pathological Conditions Present. By AUGUSTIN H. GOELET, M. D. Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*, Vol. xxiv, No. 2, 1891.

Rupture of the Membrana Tympani by Injection of Warm Water into the Auditory Canal for the Removal of Impacted Cerumen. By S. LATIMER PHILLIPS, M. D., of Savannah, Ga. Reprint.

Annual Report of the Health Department of the City of Baltimore.

Medical Items.

The French Congress of Scientific Societies will be held at Paris from May 19 to 23.

Dr. G. W. Broome succeeds Dr. Bransford Lewis in the editorship of the *Weekly Medical Review.*

The Legislature of Missouri has listened to the second reading of an act for the regulation of prostitution.

Dr. W. C. McFarland, of New York, died on Saturday, Feb. 28. He was a graduate of the College of Physicians and Surgeons, Class of 1867.

A "Bill for an Act to Establish a State Board of Health and to Regulate the Practice of Medicine in the State of Nebraska, etc.," has been introduced into the Legisture.

Dr. Henry Bacon, of Jacksonville, Fla., formerly an interne of Charity Hospital, Blackwell's Island, has been appointed by Gov. Fleming, Surgeon-General of the State of Florida.

Dr. R. W. Eareckson, of Elkridge, died at his home Saturday the 14th inst. of general paralysis. He attained the age of 70 years, was beloved by all who knew him, and had a large and successful practice.

The University of Tennessee held its 16th Annual Commencement on Feb. 24, and graduated a class of one hundred and twenty-three doctors and dentists.

May the former fill few and the latter many cavities!

The Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma that does not confer upon its holder the right to practise medicine in the country in which it was granted.

A commission of six medical men of Spain, appointed to investigate the Koch method of treating consumptives, reported in favor of the total suspension of that form of treatment, it having been found, according to the committee's report, that not a single cure had been effected here by the use of the method.

The State Board of Health of Maine has introduced a bill into the Legislature to provide for the registration of vital statistics. The bill was prepared by the State Board of health after an extended examination of the existing laws of other States, and an effort is now being made to secure its passage.

The Mississippi Valley Medical Association will hold its 17th Annual Session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. A large attendance, a valuable program and a good time are expected. The members of the medical profession are respectfully invited to attend. C. H. Hughes, M. D., President, 500 N. Jefferson Ave., St. Louis.

The twentieth Congress of the German Surgical Society will be held in Berlin from April 1st to the 4th, under the presidency of Professor Tiersch. The first day of the meeting will be devoted to Koch's treatment of tuberculosis, and the introductory address on this subject will be delivered by Professor von Bergmann. Patients and specimens illustrating the effects of the new method will be exhibited.

Members of the American Medical Association, who intend to read papers before the section on practice and physiology are requested to send titles to the secretary at their earliest convenience, so that by grouping allied subjects and giving timely notice of the programme the work of the section may be facilitated and the interest of the meeting increased. By request of the chairman, George Dock, M. D., Sec'y. Galveston Texas.

The daily papers have lately reported a trial in Connecticut, where the father of a boy, who had had his lip bitten by a dog, sued a physician whom he had summoned for refusing to attend the case, on the ground of a previous engagement. The claim was that by reason of non appearance the boy suffered unnecessarily, and that the delay of medical attendance caused much more of a disfiguring scar than if prompt service had been rendered. The plaintiff won the suit, but only to the amount of ten dollars.

A case occurred recently in the Supreme Court at Syracuse which has excited much interest in medical circles. The accounts say that an action was brought by J. H. Link, as guardian, against Dr. J. W. Sheldon, for malpractice, laying damages at $10,000. It was alleged that Dr. Sheldon made a botch of reducing a fracture of the wrist of Mr. Link's son. Dr. Sheldon is a homœopathic physician of standing. The prosecution called numerous regular physicians to prove malpractice, and the case finally assumed the phase of a fight between the two schools. A great deal of expert testimony was given by prominent physicians. The taking of testimony lasted nearly all the week. The court room was crowded, and sides were taken as much by the spectators as by the numerous physicians. The case was given to the jury this afternoon, and they returned a verdict for $4,000.

A bill has been introduced by a delegate to the House of Representatives of Mis-

souri, to limit physicians' fees to the uniform rate of 50 cents for an office consultation, and $1 for a visit. This is a most absurd proposition. We do not know whether the introducer of the bill is a lawyer, or a butcher, or a barber, but he might just as well, while he is about it, introduce a bill regulating the price of beef, of counsel fees, or of a shave.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM MARCH 3, 1891, TO MARCH 16, 1891.

Major Henry Li ppincott, Surgeon, is relieved from duty at Fort Union, New Mexico, to take effect upon the final abandonment of that post, and will then proceed to Fort Adams, Rhode Island, and report in person to the commanding officer of that post for duty as Post Surgeon, reporting by letter to the commanding general, division of the Atlantic.

Leave of absence for two montns on Surgeons certificate of disability is granted Major Samuel Horton, Surgeon.

The extension of leave of absence granted Captain William B. Davis, Assistant-Surgeon, in special orders No. 22, Feb. 5, '91, division of the Atlantic, is further extended one month.

Captain William C. Shannon, Assistant-Surgeon, now on duty at Fort Apache, Arizona, will repair to Washington and report in person to the Adj.-Gen. of the army for further orders.

Captain Henry I. Raymond, Assistant-Surgeon, is relieved from duty at Newport Barracks, Kentucky, and assigned to duty at Fort Thomas, Kentucky, reporting in person to the commanding officer at Fort Thomas, and by letter to the commanding general division of the Atlantic.

Captain James A. Finley, Assistant-Surgeon, having been found by an army retiring board incapacitated for active service on account of disability which is not the result of any incident of service, is by direction of the President, wholly retired from the service this date, under the provisions of sections 1252 and 1275, revised statutes, and his name will be henceforward omitted from the Army register.

A board of medical officers to consist of Colonel Edward P. Vollum, chief medical purveyor; Lieut.-Col. Dallas Bache, surgeon; Major Alfred C. Giraud, surgeon, and Captain Charles M. Gandy, assistant-surgeon, is constituted to meet in New York City, on March 16, '91, or as soon thereafter as practicable, for the examination of candidates for admission into the medical corps of the army, and such other business as the surgeon general may desire to bring before it.

Retirement.—Lieut.-Col. Blencowe E. Fryer, assistant medical purveyor, Feb. 24, 1891.

Promotions.—Major Charles R. Greenleaf, to be lieutenant-colonel and assistant medical purveyor, Feb. 24, 1891. Captain Charles D. Winne, assistant-surgeon, to be major and surgeon, Feb. 22, 1891. Captains Timothy E. Wilcox, Fred. C. Ainsworth and Valery Havard assistant surgeons to be major and surgeon. Feb. 24, 1891.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR TWO WEEK ENDING MARCH 14, '91.

Surgeon M. L. Ruth granted one month's sick leave.

Assistant-Surgeon S. G. Evans detached from Naval Academy, and to the Monongahela.

Surgeon A. F. Price ordered to the U. S. S. Monongahela.

Assistant-Surgeon H. N. T. Harris ordered for examination preliminary to promotion.

Assistant-Surgeon George McC. Pickerell ordered for examination preliminary to promotion.

Passed Assistant-Surgeon Earnest W. Anzel ordered to the U. S. S. Lancaster.

Assistant-Surgeon James H. North, Jr. ordered to the U. S. S. Lancaster.

Surgeon James H. Gains ordered before the retiring board, March 12.

Passed Assistant-Surgeon G. W. Kite from New York Hospital and to the Lancaster.

Assistant-Surgeon J. H. North, Jr., detached from Lancaster and wait orders.

Assistant-Surgeon G. T. Smith from the Independence and to the Mohican.

Assistant-Surgeon George A. Lung from the Mohican and to Washington, D. C., in charge of insane patients.

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CONTENTS

ORIGINAL ARTICLES.

The Advantages of Pelvic Elevation (Trendelenburg's Posture), in Abdominal Section for Diseases of the Pelvic Organs. By George H. Rohé, M. D. 463

Standardized Vegetable Drugs and Galenical Preparations a Question of the Day. By F. E. Stewart, M. D., Ph. G. 468

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held Feb. 26th, 1891. Standardized Vegetable Drugs and Galenical Preparations a Question of the Day. . . . 474

EDITORIAL.

Clinical Obstetrics in Baltimore. . . . 478

The Number of Really Useful Drugs. . . 479

REVIEWS, BOOKS AND PAMPHLETS. . . 480

HOSPITAL REPORTS.

Maryland Maternite. 481

Presbyterian Eye, Ear and Throat Charity Hospital. Annual Report. 482

MEDICAL PROGRESS.

Adenoma of the Sweat Glands.—The Treatment of Typhoid Fever by Chloroform. . . 483

MEDICAL ITEMS. 484

Original Articles.

THE ADVANTAGES OF PELVIC ELEVATION (TRENDELENBURG'S POSTURE) IN ABDOMINAL SECTION FOR DISEASES OF THE PELVIC ORGANS.

BY GEORGE H. ROHÉ, M. D.,

Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons.

The elevated posture of the pelvis in suprapubic cystotomy was first, I believe, applied by Prof. Trendelenburg, of Bonn, who also showed its usefulness in other operative procedures upon the interior of the bladder, and further extended its applications to intra-peritoneal operations in the pelvic cavity. DeLeon, Lange, Veit and more recently Leopold, have also pointed out the advantages of this position in intra-pelvic operations. During the past year I have used this method in four abdominal operations with great satisfaction and, as it seems to be insufficiently known and appreciated in this country, I venture to give a short account of it.

Prof. Trendelenburg describes the position, which is, I think, appropriately coupled with his name, as follows: "If we place the patient upon the table so that the symphysis pubis is the most elevated part of the trunk, and the axis of the trunk constitutes an angle of 45° with the horizon, all the abdominal viscera, especially the liver, spleen and mesentery gravitate toward the concavity of the diaphragm. The intestines follow and slip out of the pelvis as far as the atmospheric pressure permits. In lean individuals with relaxed recti muscles under deep anæsthesia, the anterior abdominal wall in the hypogastric region becomes so much depressed as to form a deep hollow or sulcus.

"If we now make a perpendicular or

transverse incision in the hypogastric region with a view of making a sectio alta, and divide the recti muscles with the underlying fascia, air rushes at once, sometimes audibly, into the prevesical space, the peritoneal fold drops down, and the prevesical cleft is converted into a gaping cavity, into which light passes freely, and at the bottom of which the anterior wall of the bladder and the peritoneal reflexion are plainly visible. Passing two fingers of the left hand into the wound, and protecting the peritoneum, the bladder can be easily and safely incised below the peritoneal attachment. Neither the rectal colpeurynter of Petersen, nor filling the bladder with fluid are necessary to raise the latter into view. A moderate quantity of fluid in the bladder is, however, of advantage.

The ease and safety of the suprapubic section of the bladder by this method is best shown by the rapidity of the operation. In my latest two lithotomies my assistants counted 35 and 50 seconds respectively from the first incision to the extraction of the stone.

"Equally valuable is the pelvic high position in intraperitoneal operations in the pelvic cavity and the lower abdominal region.

"Suppose the case to be one of intestinal resection to cure a fistula following strangulated inguinal hernia with sloughing. Placing the patient in the appropriate position a curved incision four inches long is made parallel to Ponpart's ligament, directly above the fistula. The peritoneum is then opened, air enters into the peritoneal cavity, and the intestinal coils slip toward the diaphragm. The edges of the wound are then held apart with retractors, and the entire pelvic cavity is exposed to the eye. The only portion of the intestines presenting itself to view is the fold adherent at the inguinal ring. The adhesions may then be detached with the fingers, the gut drawn up, divided and sutured. None of the contents escape into the peritoneum because all of the fluid contained in the gut has passed into that portion that gravitated toward the diaphragm. Our work is done in the unobstructed light of the window before us, and if the anæsthesia is complete, the intestines do not protrude and get in the way.

"In similar manner, the advantages of this position are manifest in all gynæcological operations in the pelvic cavity, and I believe that no operator who has once extirpated a myomatous uterus, or adherent ovarian cyst in this manner, will be easily persuaded to return to the old method. So far as its attachments in the pelvis permit, the tumor falls into plain view, all adhesions requiring division are stretched, the blood flows off from the field of operation, and one need not concern himself about the intestines unless vomiting occurs. Above all, one sees what one does.

"When the tumor is removed, one is surprised by the complete view of the interior of the pelvic cavity that presents itself. The iliac and hypogastric arteries are seen pulsating, the course of the ureter is noted, the bleeding vessels at the points of adhesion are seen and can be easily ligated or stitched. After removal of an ovarian cyst, the pedicle, the uterus and the remaining ovary and tube are all in plain view."*

Within a week after reading the article from which the above extract is taken, I had an opportunity of applying the method in the following cases.

CASE I.

Interstitial Fibroid Tumor of the Uterus. Supra-Vaginal Hysterectomy. Death from Suppression of Urine.

Bridget McG., aged 48, of Irish birth, unmarried, had suffered for a number of years from menorrhagia, vesical and rectal tenesmus and pelvic pain. During the menstrual periods which lasted from ten days to two weeks her sufferings, especially those referred to the bladder and

*Ueber Blasenscheidenfisteloperationen und Ueber Beckenhochlagerung bei Operationen in der Bauchhœle. Volkmann's Sammlung klinischer Vortræge. Jan. 30, 1890.

rectum were so intense that she asked for relief, even though the same should be gained at the cost of her life. A physical examination revealed a tumor in the hypogastric region, of about the size of a fœtal head. Bi-manual examination showed this tumor to be the enlarged uterus, which filled up the pelvic cavity, encroaching upon, and crowding the bladder and rectum. The diagnosis was fibroid tumor of the uterus. As the symptoms were believed to be principally due to the pressure produced by the growth upon the surrounding viscera, the radical operation of supra-vaginal hysterectomy was advised, and accepted by the patient after a full statement of the risks of the operation. On February 26, 1890, the operation was performed at St. Joseph's Hospital. An inclined plane of the following dimensions was made for me by a carpenter. The base is 16 in., the elevation 8 in. and the hypothenuse 18 in. The width of the plane is 16 in. This, when placed under the patient's back so that the pelvis rested upon the highest part of the plane, raised the pelvic extremity of the trunk to an angle of about 40° with the table.

The patient was placed upon the table with her head toward the window, the operator standing upon her left side. After complete anæsthesia (under ether) the inclined plane, above described, was shoved under the pelvis, the buttocks resting upon the highest point of the plane. The feet were supported upon a chair at the end of the table. The vagina was tamponed with creolin gauze to elevate the uterus as much as possible, as it was intended at first to do a complete extirpation of the uterus including the cervix. This design was afterward abandoned as an excellent cervical stump was obtained for applying Keith's clamp.

Upon exposing the abdomen, the latter was seen to be flat, and, indeed, somewhat concave in the hypogastric region. An incision about six inches long was made in the median line, and rapidly carried down to the peritoneum. When the latter was nicked between two hæmostatic forceps, the air rushed into the peritoneal cavity carrying the intestines away out of all reach of danger from the knife, with which the membrane was divided to the full extent of the external incision. On drawing the edges of the incision apart the enlarged uterus came beautifully into view with the broad ligaments stretched out on either side. A stout corkscrew was driven into the uterus for convenience of handling the latter and the broad ligaments outside of the ovaries and tubes clamped on either side, and divided between the forceps. The parietal ends of the ligaments were then tied in sections and a wire constrictor applied around the cervix. As usual, the wire snapped before the constriction was sufficient. Keith's clamp was then applied, and the uterus cut off. The stump was cauterized with the thermo-cautery and stitched into the lower end of the wound. The inclined plane was then removed, the patient placed flat upon the table and the abdomen flushed with warm, boiled water, but no drainage tube inserted. The incision was closed by sutures passing entirely through the walls, including peritoneum. Not over an ounce of blood was lost during the entire operation.

In clamping the broad ligament on the right side, the small intestine was caught in the bite of the forceps and the peritoneal coat lacerated. The serous membrane was drawn over the injured spot by a few Lembert's stitches.

The ease with which every step of the operation could be followed by the eye, made the operation an extremely simple one, and gave promise of a successful result.

The patient recovered promptly from the operation, but succumbed on the following day to suppression of the urine. Post mortem, the kidneys were found hyperæmic, with diminution of cortical substance. There was no hemorrhage, peritonitis or sepsis.

The tumor consisted of a single large, strictly intra-mural growth in the anterior wall.

CASE II.

Retroverted and Adherent Uterus of long standing. Probably caused by old Ruptured Tubal Gestation. Abdominal Section. Release of Uterus. Extirpation of Appendages of left side. Drainage. Recovery. Subsequent Removal of Remaining Ovary. Death from Acute Sepsis.

Catharine R., white, German, widow, aged 39, had been for several years an inmate of St. Joseph's Hospital. Treatment of various kinds had failed to give any permanent relief. A vaginal examination showed the uterus retroverted in an extreme degree and firmly fixed in its abnormal position by adhesions. The cervix pressed against the bladder, rendering urination difficult and painful, and the fundus, by its pressure upon the rectum, had caused habitual constipation, with frequent attacks of rectal tenesmus. The vault of the vagina, laterally and posteriorily, was filled by a thickened and indurated mass rendering the isolation of the uterine appendages impossible.

The operation proposed was the separation of the adhesions and stiching the uterus to the abdominal wall, but the latter was afterward found to be impracticable.

On March 24, 1890, after anæsthesia, the patient was placed upon the inclined plane as in the preceeding case, and the abdomen opened in the middle line by an incision about four inches in length. As soon as the peritoneum was punctured, air rushed in and the intestines slipped to the upper (now the lower), portion of the abdominal cavity. The pelvic viscera were freely presented to view, and the uterus separated from its adhesions with the fingers. The adhesions were very vascular and bled freely when separated. The left tube, and broad ligament were all matted together and bound down by firm adhesions. After a good deal of difficulty a small cavity containing an old blood clot was found deep in the left pelvic cavity. A portion of the tube and broad ligament was tied and cut off. Fragments of lymph, blood-clot, and unrecognizable tissue were removed and the cavity cleaned out as well as possible. The ovary could not be removed entire, but bits of it were recognized in the material removed. The ovary on the other side could not be found among the deep adhesions, and as the patient began to show signs of exhaustion and shock, from the prolonged operation and the loss of blood, the peritoneal cavity was freely irrigated with boiled water, a glass drainage tube placed behind the uterus reaching to the bottom of what had been Douglas *cul de sac*, and the wound closed by silk sutures passing entirely through the abdominal walls. The fundus uteri could not be brought forward far enough to attach it to the abdominal walls.

The patient recovered well from the shock of the operation and in three weeks she was sitting up. The drainage tube was removed on the third day and the sutures taken out one week after the operation. Ten months afterward the uterus was in an almost normal position but was not movable.

The patient who had been completely bed-ridden before the operation, was afterward able to do duty as a helper in the ward. She always complained of pain in the right side, however, and finally insisted upon an attempt being made to remove the remaining ovary. This was done on January 31, 1891, and the ovary and tube released from their adhesions and removed. The ovary was cystic and broke down under pressure of the finger. The patient died on the third day, probably from acute sepsis.

CASE III.

Dermoid cyst of left ovary. Abdominal section. Drainage. Recovery.

Mrs. H. white—German, married, 35 years old, consulted me at the sugges-

tion of my friend, Dr. H. Salzer, in March 1890. Examination revealed a globular smooth tumor on the left side, encroaching upon the vaginal vault and pushing the uterus to the other side. This tumor was painful to the touch and fluctuating, The patient had been under treatment of a number of gynæcologists for over four years without relief. A positive diagnosis was not made but an operation advised for the removal of the abdominal growth. On March 27, 1890, abdominal section was done with the patient in Trendelenburg's position. The right ovary and tube were slightly adherent, but were easily shelled out, ligated, and cut off. The left ovary was lost in a tumor about as large as a medium sized orange, which was readily brought into view, separated from some adhesions, and removed. The tube and broad ligament were then ligated and cut off likewise. The patient was then placed flat upon the table, abdomen irrigated, and a glass drainage tube carried to the bottom of Douglas' *cul de sac.* This tube was removed on the fourth day and a rubber tube inserted which remained one day. The patient was hysterical and unruly, and could with difficulty be kept quietly in bed. A smart peritonitis developed on the third day which was controlled by free purgation with sulphate of magnesia, followed by a pill of calomel and opium, which acted very well. The patient left the hospital on the 20th of May, and has been attending her household duties ever since. The tumor was examined by Dr. N. G. Keirle and pronounced a dermoid cyst of the ovary.

CASE IV.

Pyosalpinx and ovarian abscess on the right side. Abdominal section. Removal of diseased tube and ovary. Drainage. Recovery.

M. G. White, American, unmarried, 35 years old, was admitted to St. Joseph's Hospital in January, 1891, complaining of pain in right pelvic region. According to her statement she has suffered from her present trouble for many years, having frequent attacks of severe pain accompanied by fever. She has been under treatment by various physicians and was at one time in bed for over a year. She has also been under treatment for the morphine habit to which she was a victim. Her statement that she had taken as much as 25 grains of morphine per day is coroborated by the physician who treated her for the habit. She now only resorts to the morphine when greatly depressed or when her pain is very severe. From careful observation I am disposed to credit her claim of a modified cure of the habit.

Examination revealed a thickening of the tissues to the right side of the uterus. No distinct enlargement of the tube could be made out as the patient was very stout, and the tissues seemed to be matted together. As there was, however, almost constant slight fever, and the lungs were found to be sound, a probable diagnosis of pyosalpinx was made. On February 17, 1891, the abdomen was opened with the patient in Trendelenburg's position and the right tube together with the disorganized and suppurating ovary removed. The small intestine was so closely adherent to the abscess wall at one point that the adhesion was cut through between ligatures. The incision made was not over three inches in length and though the abdominal walls were very thick owing to a deep layer of fat, all the work in the pelvis was within easy range of vision.

After thorough irrigation of the peritoneal cavity a glass drainage tube was introduced and the abdomen sutured as usual. The drain was removed in 48 hours, and the case progressed without a bad symptom until the tenth day when the patient got out of bed without permission. Being surprised by my unexpected entry into the ward, she hurried into bed. and as a result of some strain, probably, had a severe pain in the right side accompained by a rise of tempera-

ture (to 101.5° F.) for about fourty-eight hours. She is now, three weeks after operation, sitting up, and has no pain or other unfavorable symptom.

There is, of course, nothing peculiar about the cases here related. They could have been operated upon perfectly well, and doubtless with the same success by any other method; but the ease with which the field of operation can be kept under the eye when the patient is placed in the position described gives the operator an advantage not to be despised. A trial of the method in suitable cases will I am sure convince the operator that Trendelenburg's method is a distinct advance in gynæcological surgery.

18 W. Franklin St.

STANDARDIZED VEGETABLE DRUGS AND GALENICAL PREPARATIONS A QUESTION OF THE DAY.*

BY F. E. STEWART, M. D., PH. G.

I take it for granted that I am addressing an audience whose desire is to find out the actual merits of the important subject forming the title of this paper. I also take it for granted that you are all good and patriotic citizens and therefore care more for the interest of humanity as represented by the people of the United States, than you do for your personal interests from a purely selfish point of view. As true professional men engaged in practising medicine or preparing the same, your allegiance is to the cause of suffering humanity, and you will and do make all other secondary thereto. But even from a selfish point of view, the physician must seek first the interest of his patient, and select such medicines as shall promptly act as remedies in the case; for only by so doing is reputation secured, and that monetary reward which results from an increased public patronage. The same remark can be applied to the pharmacist, for it is the long headed pharmacist who, from a selfish point of view seeks to gain reputation and increased trade by serving the public with the very best that the market can afford. There is a narrow selfishness, however, exercised by a narrow man, whether he be a pharmacist or a "dont care doctor" who, looking for money only employs the cheapest product that the market affords, the only question with him being the cost and the selling price. This is a very short sighted policy but it is unfortunately found, however, in the unprofessional, uneducated, and unthinking physician, and in the case of the druggist who sees in his vocation no responsibility, and nothing but an opportunity for gold.

I do not suppose for one moment that I am addressing an audience which contains a single person of the kind that I allude to.

It is my purpose, therefore, to present this subject from a broader point of view in the light that I see it as a physician, and graduate in pharmacy, and as a teacher both in medical and pharmaceutical schools. I recognize, however, that I am addressing an audience of my peers, and I have no doubt that some in this room may see the subject in a very different light than I do. I hope such will not hesitate to express their views in the discussion which I presume will follow the reading of my paper. I am here to learn, as well as to give you my own ideas, and it may be that we will all modify our own views by a frank exchange of opinion.

The standardization of vegetable drugs and galenical preparations has become one of the leading questions of the day. This question is being argued from all points of view. Some are arguing from the broad platform of professional character, others from the narrow platform of selfishness. Let us to-night weigh these arguments for what they are worth,

*Read at the 721st meeting of the Medical and Surgical Society of Baltimore, Feb. 26th 1891.

and consider the motives of those who offer them.

First, what is meant by standardizing vegetable drugs and galenical preparations? It is to assay them chemically so that physicans may have placed in their hands preparations of vegetable drugs which, instead of varying greatly in strength as at present, shall conform to a fixed and definite standard. It is proposed that tincture of nux vomica, for example, shall conform to a certain standard of strength, and not be made of one strength to-day and another strength to-morrow; for it is a fact now that a physician never knows what strength is furnished his patients, and, therefore, is uncertain regarding the effect of medication.

Because opium varies in morphine from 2.48 per cent. in samples of the drug from East India, to 22.88 per cent. in a fine quality of French opium, the Committee for Revising the U. S. Pharmacopœia deemed it best to publish a method of assay in the *Pharmacopœia*, whereby opium can be assayed, and standardized preparations made therefrom. Because chinchona varies in alkaloidal strength from 13.5 per cent. in some specimens down to less than one per cent., the Committee, in a subsequent revision, inserted a process in the *Pharmacopœia*, whereby cinchona can be assayed, and the preparations made from it can be standardized to a certain strength from 0.44 to 0.48 per cent., and the root from 0.25 to 0.60 per cent., and nux vomica contains from one-fourth to one-half per cent. of strychnine, the friends of standardization, seeing how well it works in the cases of opium and cinchona, ask to have it extended to belladonna and nux vomica.

But there suddenly appears an opposition to any further extension of standardization. The opponents say that the scheme is impractical and injurious; that its adoption will ruin the retail drug trade of this country by raising the standard of the pharmacopoeia above the ordinary pharmaceutical ability, and throw the manufacture of galenical preparations into the hands of the large manufacturing houses, etc.

Let us take up these arguments one by one and examine them. First, has the adoption of standards for opium and cinchona in the pharmacopoeia raised the standard of this work above ordinary pharmaceutical ability and vested the manufacture of opium and cinchona preparations in the hands of the manufacturing houses to the injury of the retail drug trade? If it has not done so is there any reason to suppose that the extension of standardization to belladonna and nux vomica will effecs the manufacture of preparations from these drugs any differently? If not where is the line to be drawn where standardization will commence to have such baleful influence on the retail drug trade?

But, suppose for example, that the adoption of standards for every drug containing characteristic active principles in sufficient amount to admit of assay were introduced into the U. S. P., and the result was to throw the manufacture of galenical preparations into the hands of the larger manufacturing houses, thus taking it away from the retail druggists, how could any body be so cruel and selfish as to ask that the cause of suffering humanity should be sacrificed to benefit the retail drug trade? Even if an attempt were made in such a case to block the wheels of progress that the retail drug trade should profit by the suffering of their fellow man, how long would the block stand? It would be like the wall of sand the children erect on the beach to block ocean's rising tide. No, I will not do an injustice to the retail drug trade of this country by leaving my argument in a form where it may be said that I charge such selfishness to the retail druggists. I believe that I say truly when I claim that the retail druggists as a class are above such a level as this.

Yet I heard an argument one time by a pharmacist that makes it appear that there are those who would be guilty of the very act I refer to. This gentleman said that he was in favor of standard-

ized drugs, but not in favor of standardized galenicals. In other words, he will not oppose a plan whereby the wholesale druggist shall be required to sell drugs of standard strength, but he will oppose a plan whereby the retailer is forced to test the accuracy of his manipulations applied to the same drug in its manufacture by assaying the finished preparation of it. If the retailer buys opium and cinchona, belledonna, and nux vomica of standard strength to commence with, it is enough; and he should not be required to furnish any guarantee that he has extracted the activities of the drug by testing his finished preparation.

Surely any one who has had much experience in manufacturing knows that failures in this connection are not an uncommon thing. The only way to be certain that a preparation is up to standard is to assay it; for, no matter how careful a drug has been assayed its strength may deteriorate; or careless manipulation result in failure to extract all its virtues.

Now I do not wish to argue against druggists purchasing standardized drugs.

What I do say is that the only sure way is to purchase standardized drugs in the first place, and standardize finished preparation afterward. In case the latter test alone was relied upon, druggists would be the losers frequently, for they would often pay first class prices for weak drugs, and thus be out of pocket in the end on account of the larger amount required to bring the preparations made from them up to the standard.

What the gentleman referred to is afraid of is that the retailer who attempts to standardize his galenical preparations cannot compete with the manufacturing houses; and he is willing to sacrifice the cause of suffering humanity for the retail druggist. But I think this difficulty is more apparent than real, for the preparations admitting of such tests are, as a rule, from narcotic drugs which are sold only in comparatively small quantities, and their dispensing is limited almost exclusively to physicians prescription, so that the expense of assay would make but little difference in the cost; while, on the other hand, the increased prescription trade resulting to druggists adopting such improved methods would more than make up the difference.

And in this connection another thing must be considered, and that is the following: Much of the drug business of the past has unfortunately consisted in selling patent medicines, soda water and fancy goods. This business is rapidly drifting away from the retail drug store, and will continue to drift, in spite of all means taken to prevent it. Furthermore this kind of business is not the practice of the profession of pharmacy. It is not for this that pharmacists spend years of study and graduate in pharmacy. For a merchant service of this kind a business college is far better training than a college of pharmacy. Now, I believe that any plan which elevates the practice of pharmacy above that of a petty shopkeeper to the true dignity of a liberal and educated scientific profession should be encouraged. This standardization has a tendency to do, for it raises the standard of pharmaceutical practice to a much higher level.

My argument is in behalf of the retail druggist in his true vocation of scientific pharmacist and member of a branch of service which must be regarded as a medical specialty, and which should rate him as the equal of the physician in every respect, provided his education has been equally liberal and comprehensive.

Now suppose the pharmacist prefers to buy galenical preparations rather than make his own, then what is the state of the case?

Of course in this case he should test the galenical preparations he buys. But the opponents of standardization say that this he will not, and this he cannot do.

In regard to his will not do, this is a question that each individual must settle for himself. He buys his inorganic chemicals on faith from the manufacturer, and no one charges him with foolishness. Will

anyone say that the manufacturers of inorganic chemicals are more honest than those who manufacture preparations of drugs belonging to the vegetable kingdom.

In regard to his incompetence I have evidence to prove that the retailer who is not already competent can make himself so without great expenditure of time and money.

Surgeon Mew is the Government chemist employed by the U. S. Army for assaying the drugs and preparation used by the medical department of this branch of the national service. He has been engaged in his vocation for seventeen years. During that time his experience has been very great. While attending the convention for revising the United States pharmacopoeia in May as a delegate from the Medical Society of Deleware, I called on Dr. Mew to ascertain the amount of apparatus and knowledge necessary to test galenical preparations. I found Dr. Mew busily engaged in his laboratory situated in the Army Medical Museum, and the following is what he told.

In the first place, said Dr. Mew, the apparatus required for their work is neither extensive or expensive. You see how simple it is, for it is all before you. In the second place the knowledge required is not difficult, nor does the manipulation require special skill. Much of my work is done by a soldier that I have trained in for the purpose, and I will guarantee to teach any person of ordinary pharmaceutical ability to do the work well in six months. As to the practicability of carrying on such a work my experience is proof. I have been engaged in it for seventeen years, and we test here every galenical preparation containing principles that can be recognised and existing in sufficient quantities to admit of assay. Often the medical purveyor changes the mark and sends back the same preparation again and again to test the accuracy of our result; and the trial only proves that our result can be relied upon. As to the necessity of assay. you will not doubt it when I tell you that preparations made by the best houses in the country are sent to us absolutely devoid of activity. Such cases prove that the most conscientious manufacturer who carefully selects his drugs, and uses the most approved method for preparing it cannot depend on his results, owing to the varying amount of activity present in medicinal plants, owing to soil, climates, and season of the year when gathered.

In response to the question, how would you detect the fraud if some cheaper alkaloid were put in as an adulterant in place of a more expensive one? Does not Mayer's reagent throw down one as well as the other? He said, I always test my precipitate for identity. Any chemist would do that. But, I have yet to find a single instance where such a fraud has been attempted.

A great deal more could be said along this line, but I have already taken a great deal of your valuable time. There is one point, however, that I wish to cover, which is very important, and which you should thoroughly consider. It is this: there are two classes of persons opposed to standardizing vegetable drugs and galenical preparations. The first class argue against it from the purest of motives, Some of this class are gentlemen of a great deal more knowledge and ability than I possess. These gentlemen are chemists of a high repute. Some of them consider the whole scheme of standardization impractical and visionary. To such I wish to say that until they can upset the following evidence, I shall remain on the side of those who believe in it,

The evidence is:

1. That of Surgeon Mew, Government Assayist, who has practiced assaying for the army medical department for 17 years, and who declares it perfectly feasible.

2. The evidence of such excellent concerns as Messrs. Gilpin, Langdon & Co., of your own city, a firm you all know and respect. This house is doing a large trade in assayed vegetable drugs, and the

assays are made in its laboratory, where the chemist of the house has been engaged in the work for years.

3. The evidence of Messrs. Parke, Davis & Co., of Detroit and New York, which house manufactures a line of standardized galenical preparations called normal liquids, which are coming into favor all over the United States and Europe.

4. The U. S. P., with its asayed opium and cinchona.

This evidence represents some of the best chemical talent in the land. What are you going to do with it? There were learned men in the times of Columbus who called him impractical and visionary but the great American nation of to-day is a tribute to his genius and a monument to their shame.

There is another class which objects to the adoption of further standards for drugs and galenical preparations. The class to which I refer is not honest in its objections. The true reason why it objects is because standardization is being pushed by wholesale druggists and manufactures who must of necessity gain its commercial prestige resulting from the suggestion and adoption of such an important proceeding. This class argues that anything that comes from a "trade source" must be received *cum grano salis.*

It is a class that scoff at the idea of elevating pharmacy to the dignity of a profession. It calls the pharmacist "a lot of vile tradesmen and counter jumpers," and refuse to give them any scientific or professional recognition. Some of the class edit and publish medical journals. These are often the most bitter. They say if pharmacy is recognised as a profession then the pharmacist will ask space in their journals for the publication of scientific articles on pharmaceutical subjects. Everything relating to medicine from such a source, is advertising matter, say they, and can only appear in our advertising pages, where it must be well paid for. This class will doubtless attack me for addressing you on what it is pleased to call a trade subject.

I wish to say that I thoroughly appreciate the motive, and call your attention to the existence of a class of opponents who are as it were overturning heaven and earth in their mad effort to prevent further progress in this direction. As for me I say all honor to these great commercial houses who are doing so much for the cause of science, the profession, and humanity. When any individual or concern invents a new thing, or makes a valuable discovery, and publishes exact knowledge of the invention or discovery for the benefit of science whereby others are permitted to use this knowledge freely I claim that such individual or concern should receive due credit, therefore, that the knowledge is not advertising matter, but scientific literature; and I also claim that any refusal to give this credit when it is due, and to prevent such publication of knowledge that it may only appear in the advertising columns of medical journals at the expence of the inventor or discoverer, is an outrage on humanity, and a hinderance to the advancement of science and professional progress.

There is another class of objectors a little hard to classify. This class numbers professors in certain colleges of Pharmacy who, while more or less favorably disposed to standardization on general principles oppose it through fear that its adoption will throw manufacturing still further into the hands of large manufacturing houses, and do away with the profession of retail pharmacists altogether. To such I would suppose that standardization offers a cure for the very evil referred to. As things are now drifting the retailer is having a very hard row to hoe. The manufacture of inorganic chemicals has long been vested in the large manufacturing houses of Powers and Weichhusen, Rosengarten and Son, etc, physiological therapeutics has reduced drug giving on the part of physicians to a comparative minimum, and ruined the prescription business, the cutters have entered into competition in the sale of patent medicines and taking all

the money out of that trade, and now somebody comes along, say they, and suggests a plan to rob the retailer of what little there is left. Then what will become of the colleges of pharmacy, and what will become of us? I am sorry for these gentlemen. I can, indeed sympathise with them, for as a pharmaceutical teacher and author, I am in the same boat with them. But, gentlemen any attempt on our part to block the wheels of progress will only result in disaster to ourselves. The demand for physicians druggists and medicine in this country is limited though large. For years the patent medicine trade has used every endeavor that capital, executive ability, and misleading advertising can accomplish to seduce the public from its allegiance to legitimate medicine. It is competition between scientific medicine on the one side, and quackery on the other. The former cannot promise cures. Though it has done much to alleviate human suffering it has not yet conquered consumption and other terrible diseases. But quackery promises anything and everything, and by a system of misleading advertising whereby cures only, not failures, are reported apparently backs up its bombastic pretension. The medical profession has seen the growth of its giant evil which has been ruining legitimate medicine, for years, and has used many endeavors to remove it. But the patent medicine trade has at last so thoroughly subsidized the entire press of the country, medical, secular and religious, that it is silent on the subject. Without the support of the press methods of reform are slow indeed.

But pharmacists just so long as they made a fair profit in selling proprietary medicines refused to heed the warning that they had taken a viper into their bosoms which would sting them at last. The cutters came, the profits were cut off, and now there is weeping and wailing all along the line.

As I said before, I see in this question of standardization a remedy for the evil. It may not be a cure, remedies are rarely that, but it will afford great relief. Insist on the standardization of every patent and proprietary medicine. How can that be done, and what good would it do? you say. It would absolutely destroy secrecy, and that would be a death blow to a large number of these vaunted cures. Time will not permit me to go into details regarding the plan. My idea, carried out in full, is to pass and enforce laws which will prevent anybody from making and selling medicine unless properly qualified to do so, instead of having things in the position they are now in, whereby any ignoramus can mix up and sell any kind of a compound he chooses, and advertise it as a specific for disease. It includes the passage of a national law to prevent the transit of adulterated products from State to State, and State laws to stop the sale of adulterated products in each State. To discriminate what is meant by adulterated medicines, and to define what are below standard, and therefore unfit to sell, standards must be established. When applied to patent medicines the standard to be adopted is that of the original formula. This requires its publication, destroys its secrecy, and removes in great measure opportunities for fraud. My plan, by throwing the entire manufacture and sale of medicine into the hands of educated pharmacists and destroying secrecy in medicine, would be a great relief to both physician and pharmacist, and of immense benefit to the American people. My plan includes a government laboratory at Washington, or elsewhere, under charge of the medical department of the Army, Navy and Marine Hospital Service, and an investigation of the materia medica of the world under such auspices. I merely speak of it in this connection to suggest possibilities, and refer you to my paper on the subject read before the Ninth International Medical Congress, entitled "A Proposed Investigation of the Materia Medica of the World under the Auspices of the United States Government. A Plan to Promote Progress in the Science of Drugs."—*Transactions of Ninth International Congress*, Vol. 3, p. 10.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD FEB. 26TH, 1891.

The 721st regular meeting of the Society was called to order by the President, Dr. David Streett.

Dr. F. C. Bressler exhibited

A PATIENT WITH VALVULAR DISEASE OF THE HEART.

Man, aged 24, who had not presented any symptoms whatever until about six months ago, when he was taken with spitting of blood. He went to a hospital for lung trouble and it was found that he had an extensive heart lesion, involving every valve of the heart.

A recess was taken to examine the patient. After the Society was called to order,

Dr. Bressler said that he had presented the patient as of interest because of the extensive heart lesions, but owing to the fact that Dr. Stewart had come all the way from Philadelphia to read a paper, he would report the case at length at a future meeting.

Dr. Stewart of Philadelphia, then read a paper entitled

STANDARDIZED VEGETABLE DRUGS AND GALENICAL PREPARATIONS, A QUESTION OF THE DAY.

The courtesies of the floor being extended to Messrs. Caspari, Hancock, Dohme and Gilpin, who were present.

Chas. Caspari, Jr. said, in all that Dr. Stewart has said we as pharmacists concur. This subject of standardization, however, is not new, it has been practised for some years by manufacturers in this country and in Europe, in determining the quality and commercial value of those drugs in which it is possible to assay the alkaloidal or resinous active principles. It is a question whether the standards as proposed for the new pharmacopœia will prove feasible, for if they be placed too high, the very objects aimed at will be defeated. That the assay and standardization of crude drugs is desirable, no one will for a moment deny, thereby greater uniformity in pharmacopœial preparations will be attained. That indefatigable worker and disinterested writer, Dr. Squibb, who always gives the benefit of his investigations to the world, and whose opinions in matters of this sort are valuable, says, "standardization will be successful or otherwise in proportion as the standard is placed, if too high; it will not work, if too low; it will not give as good results as are desired."

Though heartily in favor of standardizing crude drugs, he was not yet ready to apply it to galenical preparations, as the fine work required is impossible with the average pharmacist. In galenical preparations many changes occur owing to extremes of temperature, exposure to light, &c. Whereas, if the crude drug were standardized, the apothecary would have no difficulty in making preparations capable of yielding as good results as standardized galenical preparations, which latter are liable to deterioration from unavoidable causes. When we consider the wide range of doses employed by physicians and the idosyncrasy of some individuals toward certain drugs, it does not seem essential that the standards of galenical preparations should be carried to as fine a point as is urged by fame of the advocates of the plan. He was informed that the final committee on publication of the new pharmacopœia had already decided on the alkaloidal standard of some 5 or 6 drugs, but we must remember that the U. S. P. has no legal status and its requirements can only be enforced in the various states by special legislative enactment.

Louis Dohme said, he was fully in accord with the remarks of Dr. Stewart and Professor Caspari, regarding standardization. Any step to secure greater ac-

curacy and uniformity in drugs was desirable, and if Dr. Stewart referred to alkaloidal drugs only, he thought it only a question when this would be done. The better class of manufacturers of pharmaceutical preparations have, for many years, resorted to assaying the alkaloidal strength of the more important drugs in making their selections and securing uniformity of strength in their preparations. But desirable and tempting as this step appears at first sight, it is certainly advisable to make haste slowly when it comes to adopting it generally for the pharmacopœia, for although it may look easy on paper to assay the percentage of an alkaloid in a drug or preparation of a drug, anyone who has had any experience in assaying, knows how difficult it is and how much experience and skill is required to arrive at accurate and definite results. It is only necessary to reflect on the minute quantity of alkoloid present in some drugs, to comprehend the difficulty of assaying them accurately. The pharmacists at large have not had the necessary training and are not yet prepared for accurate assaying, and to standardize a fluid extract or tincture on the basis of an inaccurate analysis of the drug by an incompetent man would certainly *not* lead to great reliability and uniformity of strength, and would be no improvement on the plan which has served so well up to the present time. The adoption of standardization for a few of the most important drugs in the pharmacopœia will, however, prove an entering wedge, and will prepare us for a more general application of it in the next revision, ten years hence. Colleges of pharmacy will doubtless take up the subject in earnest and will teach assaying practically, so that in ten years hence the pharmacist will be better prepared to perform these new and important duties devolving upon him. But standardizing should always be confined to drugs which are known to owe their therapeutic properties to a definite alkaloid or alkaloids, a resin or other definite organic principle, the percentage of which can be definitely ascertained by analysis. It should never be extended, as has been advocated by some, to that largest number of drugs (many of them of great importance), whose medicinal properties do not reside in any definite alkaloid or other well-defined principle, as rhubarb for instance, and a great many other drugs like it in this respect. To state, for instance, that 100 grains of fluid extract of rhubarb should yield on evaporation a residue of solid extract weighing 30 grains, would indicate very little, as the value and efficiency of the fluid extract would depend primarily on the *quality* of the rhubarb root used in the preparation of the extract, and this is not indicated by the quantity of the residue obtained as above, for an extract made from a poor worthless rhubarb would furnish as much residue as that prepared from the best rhubarb, but the latter would of course be more efficient. In the case of this large class of drugs the pharmacist must as heretofore, judge of the quality of the drug by the physical properties and tests furnished by the pharmacopœia, and these are fully sufficient to secure efficiency and uniformity for all *practical* purposes.

J. F. Hancock said. he thanked the society for inviting him to be present and was pleased to see that medical societies were taking an interest in pharmaceutical subjects. The interests and motives of physicians and pharmacists should be mutual and harmonious. The paper of Dr. Stewart is interesting and instructive, we all agree as to the importance of having a uniform standard of quality in drugs and preparation, though we may disagree as to the means by which that may be accomplihed. The subject is not new. In 1870 when the American Pharmaceutical Association met in this city, the importance of standardizing opium was discussed, and Dr. E. R. Squibb stated that "the only way to determine the quality of opium was by assay; that in his experience he had found marked difference in the morphia strength of lumps of crude opium in the same

case, and that the ouly sure way to secure a uniform powder of opium, was to powder the entire case and assay it after it had been thoroughly mixed. From the assay of three or four samples taken from as many places in the mixed powder the morphia strength and value of the opium was determined."

Physicians have not suffered when their confidence has been bestowed on honest pharmacists, unless in cases of negative honesty which is worse than nothing. Competency belongs to the laboriously honest man. All the reputable manufacturers of galenical preparations and chemicals may excell in some of the articles on their list, and these conditions the qualified and careful pharmacist will soon observe and turn to good account. He will find that he cannot depend entirely on any one firm but will select from the various lists the specially fine products of each, It may be that an humble and unpretentious man may excell in some lines of special preparations, those of like character of larger and more ostentatious firms. The quality rather than the price will guide the conscientious pharmacist and in this he should receive the moral and professional encouragement of the medical profession. The interest of the physician and his patient is involved in the pharmacist, hence a need for the highest standard of pharmaceutical practice. We should aim to standardize men as well as drugs. The speaker could not agree with Dr. Stewart's recommendation to regulate the practice of pharmacy by national legislation, he would depend on educational methods, the enlightenment of the people through professional influence and moral force, as the slower but more certain and substantial means to accomplish the desired end. It wouldbe premature at this time to anticipate the utopian dawn by national legislation.

H. B. Gilpin said, I have been much interested in this discussion in which the physician and pharmacist are so closely allied.

The fact is well known to all who have had experience in assaying such drugs as belladonna leaves and roots, hyoscyamus leaves, aconite root, opium, cinchona, etc., that their physical appearance is no guide to their medicinal value, and in as much as these variations occur all the way from 50 to 100 per cent., a definite knowledge of their strength is obviously important.

Whether belladonna contains 0.20 or 0.30 atropia is a matter of vital importance to a physician.

A preparation made from an assayed and standardized drug gives a specific result and an exact amount can be prescribed at once; thereby saving valuable time and in some instances a life, the usual way being to test the strength by its effect on the patient by gradually increasing doses.

It is important therefore that physicians should give this matter careful attention, feeling sure that uniform medicines can only be secured by the use of assayed and standardized drugs which in their turn will give uniform results.

Dr. Thos. A. Ashby said we are fortunate in having this subject brought before the Society. We as physicians are much indebted to the pharmacist for some of our most valuable drugs. During the time that he had been in practice there had been a decided advance in pharmacy, and we can no more do without the pharmacist than an army can do without a commissary department. The doctor is only able to judge of a drug from a clinical standpoint and not from a pharmaceutical standpoint. We should encourage these gentlemen all we can, there is a great fight we are making against quackery, and by giving encouragement to legitimate pharmacy, we strike a direct blow against quacks and pretenders.

Dr. Wm. S. Gardner said he was glad to have Dr. Stewart read such a paper, he knew little from a pharmaceutical standpoint, but had been interested in the question and thought it of much importance. Just so long as we treat disease from a physiological standpoint, we want a preparation of definite strength

that will produce physiological effects in something like a uniform dose. The physician who sees his patient for the third or fourth time and knows his idiosyncrasy, if he has a drug of definite strength all the time, he knows just how much to give to produce a physiological effect and does not have to lose the time necessary, as now, in beginning the remedy in tentative doses, so that if he gives 10 minims to-day and gets a definite result, he can expect as definite results from the same dose a day or a week hence.

Dr. F. C. Bressler said he thought every honest druggist ought to be able to select a good drug. He has a friend, who is an ordinary, honest druggist, and he can get a preparation of digitalis or veratum viride from him that cannot be excelled by any preparation he had ever tried. If we standardize all drugs, it will raise their price, because a competent man must assay them, this will be giving the homœopath an additional advantage over us, in the matter of cheapness, which the public always avails itself of. He thought that opium was about the only drug that should be stardardized.

Dr. J. W. Chambers said it seems that the doctors should come to some conclusion before the druggists know what to do. When we know what we want, we will have no difficulty in finding someone to supply it. Morphia has taken the place of opium to a very large extent, as atropia has of belladonna, and the profession are using alkaloids more extensively every day. He thought it only a question of time when all the alkaloidal drugs will be standardized. As to the other drugs we will have to rely on the judgment and honesty of the druggist. As to the expensiveness of the standardized drugs, when we get quality we will not want quantity, and as to the homœopath, who pays so much for sugar as the patient of the homœopath?

Dr. F. E. Stewart said there seems to be no question but that everyone present is in favor of standardization as far as it is practicable, and that is all that the friends of standardization ask for it. As to legislation, we cannot pass laws that will make a man honest, but the man who spends four years in college in hard study, and graduates in pharmacy, ought to be rated and have a different and higher status than the patent medicine man. As it is now, a shoe black may put a preparation on the market and by advertising it, may bring himself prominently before the public as a chemist or pharmacist, and it is to get rid of these quacks and pretenders that the strong arm of the law should be invoked. So much at least should be done by legislation.

J. Wm. Funck, M. D.,
Rec. Sect'y.

1710 W. Fayette Street.

THE TREATMENT OF GALL-STONES.

Dr. W. W. Seymour, of Troy, in a paper on this subject, read at the meeting of the Medical Society of the State of New York, held at Albany, Feb. 3, 4 and 5, after reviewing all the theories as to the possibility of successfully dislodging, dissolving or otherwise effecting the removal of gall-stones by medicinal agents, concluded with the emphatic opinion that these accretions could not be dissolved and that all medical treatment for their dislodgment was likely to prove valueless. He held that operation should be early resorted to in a well-defined case, and an exploratory incision should be made where doubt existed. The mortality, where the operation was undertaken before complications had arisen, was but small, and it should be remembered that a post mortem diagnosis was of no use to the patient and of very little consolation to the friends.

To bring out râles in a case of suspected phthisis, give the patient iodide of potassium for two days.

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BALTIMORE, MARCH 28, 1891.

Editorial.

CLINICAL OBSTETRICS IN BALTIMORE.

It is universally agreed that there is no department in practical medicine in which actual clinical instruction is more absolutely needed than in obstetrics. It is as generally known that there is no branch in which, up to 20 years ago, there was less attention given in a practical way. Most physicians attended their first actual cases without having had the advantage of making even a vaginal examination under instruction, and many good stories are told of errors into which the uninitiated have fallen in their early professional life. It is true that a few cases were taken in the wards of the general hospitals, but the smallness of their number and the sadness of their fate in too many instances, lingers in the minds of those who attended them more as an appalling reminiscence than as a fruitful recollection. The establishment of the Maternite by the College of Physicians and Surgeons in 1874, was the first definite and successful movement in the direction of putting obstetrics upon a proper clinical basis, and since that time much progress has beed made. The establishment of the free lying-in hospital of the University of Maryland, and the lying-in department of the Baltimore Medical College, as well as the adoption of antiseptic methods which permit the acceptance of lying-in cases in general hospitals, and which are availed of in the Good Samaritan and Baltimore University Hospitals, add much to the material which can be used for direct clinical purposes and by so much improve the status of Baltimore as a centre of medical instruction. However, the average results in these institutions are good and show the students what many middle aged practitioners have much trouble in learning that antiseptic treatment of obstetrical cases goes a long way in robbing child-bed of its terrors. What is yet needed is the development of out patient work. After the men have been taught directly they ought to have the opportunity to try their wings, with a net as it were, *i. e.*, attend cases under circumstances in which they can call in more experienced counsel in case of difficulty. This is being done in some directions with signal success and it is to be hoped that all institutions which pretend to prepare men and women for practice will arrange to give them such an amount of practical training as will make them safe for the public. This is all the more de-

sirable because it substitutes intelligent and cleanly care for that of midwives, whose ideas of obstetrical cleanliness are well-known to be in inverse proportion to the number and variety of bacteria in their sub-ungual sulci.

THE NUMBER OF REALLY USEFUL DRUGS.

It is true, as one would infer from the statements of certain writers upon medical progress, that the number of useful and necessary drugs known to the physicians of the present day is extremely small, that, without crippling the therapeutist, and with great benefit to the community, nearly all the drugs in common use could be stricken forever from the pharmacopœia; that with a case filled with preparations of a dozen or two of the best tried drugs a physician of intelligence is fully armed for meeting any case of disease which needs drug-medication? Is our modern collection of drugs a mere mass of rubbish, hiding beneath it a few articles of rare value? If this view is a correct one, it is surely a great pity that practitioners should be allowed to continue to waste the money and endanger the health of their patients by prescribing the drugs recommended in the text-books and daily dispensed by the pharmacists. If it is a false view, it is a pity that untruth of this sort should be proclaimed in the ears of the public without protest from physicians who know that it is untrue. Moreover, if the number of valuable drugs is really considerable, the practitioner should endeavor by constant study and observation to learn the therapeutic properties of each drug, not contenting himself with the routine use of a few articles, but adding month by month and year by year to the small collection of tried agents with which he began practice. This course of self-instruction is greatly hindered, if not entirely checked, by the use of complicated formula, such as are recommended by the manufacturing druggists. The physician who wishes to obtain a practicable knowledge of the uses of all valuable drugs must begin with the prescription of single drugs and must add from time to time to his list other drugs of good repute administered, each by itself, until he has formed an opinion of its special value. When he has learned that a drug has the alleged effect in a certain class of cases, he will try it in cases which present some likeness to the first class though called by a different name, and will after a while be able to form an idea of the limitations of its usefulness. In this way he may discover applications for it which were never before suspected. Of course the practitioner must, as a rule, prescibe first in each case the familiar agents. In obstinate or chronic cases, however, he may well turn to new drugs or to new applications of old ones. It is probable that the power to hold and cure obstinate and chronic cases, which is such a potent factor in the acquisition and maintenance of a good and extensive practice, is largely dependent on the ability of the physician to call to his aid the whole array of valuable therapeutic agents known to the profession. Not the administration in a single dose of all the members of one class of agents, nor the limitation of knowledge to the use of but one agent of a class, but a thorough practical knowledge of the peculiar uses of each

member of the class and patience in substituting one for the other in tedious and rebellious cases, is the mark of a good physician.

The writer finds upon his list of valued drugs about 75 distinct articles of which he would dislike greatly to be deprived, and for each of which he knows a definite and important use in the various forms of disease which he is called upon from time to time to treat. In this list all the derivatives of each agent are classed as one with it—morphia, apomorphia, codeia, and laudanum being counted as one with opium, iron and its salts being counted as one drug, etc.—so that really the list is but an epitome of his full armamentarium. He does not know all the uses of each drug on the list, but adds continually to that knowledge which he already has of them, by prescribing them singly in suitable chronic cases in which they may possibly be of value. Knowing that each of these drugs has yielded valuable aid in certain cases, he does not feel disposed to cry out that most modern therapeutic agents are useless. The intelligent physician in large practice ought, at the close of his life, to have a list of between 100 and 200 useful drugs, each of which he can prescribe with a deliberate therapeutic purpose in the various cases which he has to treat. If the reader doubts these statesments, let him review his own therapeutic resources; and if he finds but half a dozen or a dozen drugs which he can confidently and intelligently and successfully use, let him inquire seriously whether his therapeutic scepticism is not really due to ignorance, the result of carelessness in observation and diagnosis at the bedside or of some vicious habit of prescribing into which he has fallen.

Reviews, Books and Pamphlets.

Text Book of Hygiene. By GEORGE H. ROHÉ, M. D., Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore &c. &c., published by F. A. Davis, Philadelphia and London.

Baltimore has not been prolific in medical authors although many of her physicians have attained national distinction. Hence we are especially glad to welcome a book by a Baltimore author which has so much in itself to recommend it and which has already made its own way so successfully as to require a second edition. A distinguished chemist made the remark a short while ago, in conversation that the scientists had dealt very unphilosophically with the food question. They had studied the various kinds of food chemically, physiologically and experimentally but they had left the question of cookery, without which all our scientific knowledge of foods is vain, to the ignorant cooks. We think the same kind of remark as bearing on the medical profession and the study of hygiene would be in order.

When one looks over a well-written modern book like the one before us, and reflects that the addition of hygiene to the course of study pursued by medical students is but now being made, and that, in a majority of colleges, it is only a sort of appendage, and not honored with a rank equal to the other branches, one is apt to be unfavorably impressed with the progressiveness of our medical teachers. Hygiene and preventive medicine have really made gigantic strides of late years and have done almost if not quite as much for humanity as the practice of medicine itself. Moreover the importance of the subject has become such that there can be no really intelligent practice which has not largely to do with the question of hygiene. Prof. Rohé's book is a good serviceable modern text book, the perusal of which will doubtless prove very ben-

eficial to both students and practitioners. The chapters on removal of sewage, school hygiene, construction of habitations and industrial hygiene are particularly full and instructive. It is much to be regretted that limitation of space forced the author to reduce his remarks on cooking, exercise and training, bathing, disposal of the dead and clothing to such narrow limits. The work on the germ theory of disease, history of epidemics and antiseptic. disinfectants, &c., is brought up to date and is especially timely. The book is well made and its literary style has much in to commend.

Thirteenth Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

Hospital Reports.

MARYLAND MATERNITÉ.

BY SAMUEL H. ALLEN, M. D.,
Resident Physician, Maryland Maternité.

CASE OF MISCARRIAGE AT THE SEVENTH MONTH FOLLOWING INJURY. SEPTIC PERITONITIS, PERITONEAL HEMORRHAGE, LAPAROTOMY, DRAINAGE. DEATH FROM SEPTICÆMIA.

The following case occurred at the Maternité Hospital, and will be interesting to the profession for several reasons. It is not common to hear or read of a seven or eight months' fœtus being killed in utero by the mother falling down while doing her work about the house, and it is not often that we have to deal with blood in the peritoneal cavity after labor.

A. S., white, aged 29, primipara, admitted Oct. 31st, with the following history: She was in service in this city, and while carrying a bucket of water up stairs on Oct. 27, she fell down four steps, striking herself in the right iliac region against corner of bannister. That night she began to have pains, and next day was taken to the City Hospital, where she told the resident physician of her being pregnant, having menstruated last on March 12, 1890. Dr. Smith sent her here on Oct. 31st. She was then complaining of pain and tenderness in the right iliac region, and of much discomfort, whether sitting, standing or lying down. Had no appetite and could not sleep. She was kept in bed for two days and given chloral and bromide of potash as the uterine contractions were becoming stronger, though somewhat irregular. On the evening of Nov. 1, pains were well marked, and after a rather painful labor she was delivered of a premature still born male child the following day at 7 34 P. M. Skin peeled off child and there was a very offensive odor about it, and the utero-vaginal discharges.

Patient had felt child move up to the time of her fall, but not after that, and we could not hear the fœtal heart at any time. She was washed, had a vaginal douche of 1-4,000 bichloride, the genitalia dusted with iodoform and covered with a quantity of sublimated jute and cloth pad, then given a clean suit of clothes and removed from confinement bed into a bed just made up. Slept some that night. Next morning pulse 96, temperature 99°. Abdomen painfnl, tender and swollen. At 7 P. M. pulse 104, temperature 101°. Vaginal douches and free saline purgation failed to stop pulse and temperature from rising or make the abdomen less tender and tympanic. The abdominal swelling increased and on the third day there was noticed a well defined area of hardness in the right iliac region, which was painful on being touched even by the bed clothes.

Up to the 6th day the pulse and temperature continued to rise and the abdominal symptoms became worse.

Professor Rohè now decided to open the abdomen and wash out the fluid suspected to be there. Pulse 140 temperature 102°. Whiskey ℥i and ex. digi-

ialis fl. m. v., given every two hours dusing the night, patient slept some.

November 8th, 9 A. M., pulse 128 temperature 101.8°.

At 9.45 A. M., ether started, at 10. 10, Professor Rohè made a 3½ inch incision in median line beginning one inch below the umbilicus. Immediately on cutting through the peritoneum there was a gush of dark colored blood from the opening. Peritoneal cavity was full of blood and inflammatory exudate. The right tube and ovary were drawn into view, both much swollen and inflamed, and after ligation, they, with a portion of the broad ligament, were stripped off. The left tube and ovary were normal, not removed. The uterus was large but firm and adherent at points to the surrounding viscera. The omentum had formed adhesions to the intestines and it formed a part of the wall of a cavity, aided by inflammatory exudate, which corresponded in situation to the indurated area which had been felt in the right iliac region for three or four days. The cavity was full of dark blood.

The adhesions were broken up, pieces of inflammatory exudate and blood clot were removed by hand, after which the abdomen was thoroughly irrigated with hot water bringing away more dark blood and clots.

The incision was closed with silk worm-gut sutures at 11 A. M. The wound was washed with sterilized water and covered with iodoform. A glass drainage tube was left in the upper angle of the incision.

The wound was covered with two thick layers of antiseptic gauze perforated by a hole for the drainage tube. A square piece of rubber dam was perforated to fit the neck of the drainage tube which was corked with absorbent cotton and surrounded with a lump of cotton over which the edges of the rubber dam were secured by a safety pin. A flannel binder was then put on the abdomen.

Patient was left warm and given nothing, her lips were moistened at intervals with a wet cloth, when she asked for water. She soon rallied from the anæsthetic and began to complain of pain in the back and of being cold. Temperature 102.4° and pulse 152 most all day. The drainage tube was emptied with a syringe every half hour at first, then every hour, then every two hours and it was taken out at the end of 36 hours.

The patient rested better during the day and evening of the operation November the 9th at 9 A. M., the pulse was 140 temperature 104.6°. The patient did not complain of any pain or tenderness over the abdomen and there was no hardness on the right side, Ergot was given to keep the uterus firm and she was put on whiskey and digitalis, renewing vaginal and intra-uterine douches of 1-5000 bichloride twice a day. Her bowels moved regularly and freely and she passed per catheter a small quantity of urine, each day after operation. The urine was acid in reaction, sp. gr. 1024, no albumin and the chlorides were diminished. The temperature gradually rose to 105.5° by 7 P. M., and the pulse went up to 152.

November 10th, 9 A. M., pulse 156 temperature 105.5.

The patient was rational but sank rapidly and died at 12.35 A. M., November 11th.

Post mortem examination was not allowed.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. ANNUAL REPORT FOR 1890.

Dr. J. J. Chisolm the surgeon in chief of the hospital, reports the attendance for 1890 as 9,095 patients, with an aggregate of 33,036 the daily attendance. This is by far the largest number of patients treated during any one year. It shows that this charity work is growing more and more important with each increasing year. There was an average of 115 patients treated for each working

day of the year. The largest number treated on any one day was 247. 1,517 operations were performed of which 178 were for cataract. During the 13 years that this charity hospital has been opened 4,047 cataract patients have applied for treatment. In many of these persons the cataract was in its incipiency and not ready for operation. In 1,238 the operation was performed. At the institution 1,270 crossed eyes have been straightened, 1,115 cases of tear drop have been relieved, 411 lost and painful eyes have been extirpated, 641 artificial pupils have been made.

It is not surprising from these numbers that the Presbyterian Eye, Ear and Throat Hospital of Baltimore is becoming noted as a school for the practical study of these special diseases. Every day those who are interested in surgical study can see operations upon the eyes, ears and throats of patients.

Medical Progress.

ADENOMA OF THE SWEAT GLANDS.

E. C. Perry *Monats. f. prakt. Derm.*, vol. xi, No. 10) describes the case of a woman, aged 31, who had suffered since her tenth year from adenoma of the sweat glands. The condition had for a year become very much aggravated as regards the number and size of the small swellings. There was no seborrhœa. The secretion of sweat from the face and head had decreased. On the forehead, the root of the nose, in the naso-labial folds, and on the chin there were groups of white, firm papules, from the size of a millet seed to that of a pea, which were painless and never ulcerated. There were no comedones and no telangi ectases. On pricking, some serum came away. In several papules, black points could be perceived under the skin. The microscopical examination showed that the superficial epidermis was thinned, and there was enormous enlargement and increase in the ramifications of the sweat glands. Many of the cells of the glands contained an abundance of pigment which microscopical examination showed to be similar to the black papules. There were no signs of inflammation. The swellings were pricked with a needle, and were then removed with the scissors or scalpel. A complete cure resulted.—*Brit. Med. Jowr.*

THE TREATMENT OF TYPHOID FEVER BY CHLOROFORM.

Dr. Stepp, of Nurenburg, gave some time ago a lecture on the internal administration of chloroform, which in his hands had not only proved a most useful ingredient in lotions for the mouth and in gargles, but was also most successfully administered in acute diseases of the digestive organs, in chronic ulceration of the stomach, in croupous pneumonia, and in typhoid fever. Of the latter he had experience of six cases when he gave his lecture, which a year later, when he made a communication to the Munich *Medicinische Wochenschrift*, had increased to 18. In most of these cases he gave about six drops of chloroform in two ounces of water thrice daily, but occasionally he made a slight change by the addition of a scruple of quinine. The result of this treatment even in the severest cases, was that in a few days drowsiness and delirium disappeared, the dry-coated tongue became moist, and the general state considerably improved. The temperature fell considerably in from eight to ten days, the stage of remissions was cut short, and convalescence accelerated. Relapses were unimportant. One case, that of a girl of 13, was fatal. On the average the fever lasted 19 days in severe cases, and eight days in slight attacks. The longest continuance of the fever was 30 days. Dr. Stepp inclines to the belief that chloroform passes through the system without decomposition, and so exercises an anti-bacterial effect. He never saw any ill effects from its ad-

ministration, and considers it a useful stimulant. It is he thinks, impossible that the daily administration of one scruple of chloroform could have a deleterious effect on the blood by dissolving the corpuscles, which might very well result from the inhalation of enormous quantities of the anæsthetic.—*Lancet.*

Medical Items.

On March 14th the Central Insane Asylum of Tennessee was burned and six of the inmates lost their lives.

Two persons were bitten by dogs alleged to be mad, in Orange County. N. Y. The bitten persons have come to New York to be treated.

The death is announced at Potsdam of the well-known optician, Professor Edmund Hartnack, with whose microscopes everyone is familiar.

Cancer of the liver, usually considered a perfectly hopeless disease, has been treated successfully by Terillon, who removed a cancerous mass from the left lobe.

A Russian physician has proved by direct experiment, that pepper and mustard given to patients with Bright's disease, increase the excretion of albumen in all forms of the disease.

The Commencement of the Baltimore University School of Medicine was held Tuesday, March 24, at the Academy of Music. There were 32 graduates in medicine and 2 in veterinary surgery.

The first commencement of the Bellevue Hospital Training School for male nurses occurred under very favorable auspices, on the evening of March 11th. There were 18 men in the class.

Dr. M. H. Kerwin, the first physician in the Northwest to visit Berlin to secure and administer the Koch lymph, died at Milwaukee suddenly last week of peritonitis. He was 35 years of age.

It is announced that Dr. H. Augustus Wilson has been elected lecturer on orthopædics, in the Jefferson Medical College, of Philadelphia, in place of Dr. O. H. Allis, resigned.

Small-pox, though still in several Texan towns, is rapidly on the decline. It is stated that the minister of the interior of Mexico has issued a circular to the governors of the several Mexican States, directing them to inforce compulsory vaccination.

A bill has been introduced before the Legislature of the State of New Yord providing for the creation of a Board of Commissioners whish shall have charge of the housing, and grouping under care, of epileptics.

The announcement is made that the subject of Dr. Hunter McGuire's Prize Essay for 1881 will be "Pyelo-Nephritis." The prize offered is $100.00 and is to be awarded during the session of the Medical Society of Virginia at Lynchburg, Va. The prize is only open to members of the Medical Societies of the States of West Virginia and North Carolina.

With its five faculties and the High School of Pharmacy, the University of France counts in Paris more alumni than any other in the world. In 1890 there were no less than 10,174 students on the rolls, these figures including 986 foreigners, 759 of whom are studying medicine. In 1889 the number of students registered was 10.375. These figures do not include men pnrsuing their studies at the Collège de France, the Muséum d'Histoire Naturelle, the École de Chartes, and kindred special establishments.

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CONTENTS

ORIGINAL ARTICLES.

The Pathology and Treatment of Chronic Ulcers. By J. M. T. Finney, M. D., of Baltimore. . 485

Use of Nitro-Glycerine in a Case of Poisoning by Carbonic Oxide Gas. By I. R. Trimble, M.D. 491

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Feb. 6, 1891. Cardio-Vascular Conditions in Arterio Sclerosis. Diphtheria and the Use of Hydrogen Peroxide in its Treatment. A Case of Sympathetic Ophthalmitis. . . 494

EDITORIAL.

Professional Organization in Maryland. . . 496

Hypnotism and its Abuse. 497

CORRESPONDENCE.

Eye Prescriptions. 498

MEDICAL PROGRESS.

Otitis and Facial Paralysis.—Report from Berlin upon the Action of the Koch Lymph.—Stuporose Insanity following Hypnotism.—Indications for Operation in Ulcer of the Stomach.—Trophic Disturbances in Hysteria.—Danger of Administering Chloroform in Presence of an Open Flame.—Direct Application of Tuberculin to Pulmonary Cavities.—Fœtid Milk in Human Mammary Glands.—Exploratory and Confirmatory Incisions. 499

MEDICAL ITEMS. 504

U. S. Army, Navy and Marine Changes. . . 505

Original Articles.

THE PATHOLOGY AND TREATMENT OF CHRONIC ULCERS.

BY J. M. T. FINNEY, M. D.,
OF BALTIMORE.

Anyone who has visited the free dispensaries or out-patient clinics connected with the hospitals in our large cities, or who numbers in his practice any considerable portion of the middle and lower classes of society, must have been struck with the existence of an enormous number of the so-called chronic or varicose ulcers of the leg.

When he has seen these poor unfortunates come back day after day, week after week, even year after year to his office or dispensary clinic, to have their salves, strappings or bandages reapplied, without the slightest improvement having taken place since the last or many previous visits; and has observed what a miserable, often loathsome, existence these poor unfortunates lead, then, I think, one will begin to appreciate, what an important and interesting subject is this, which I present for your consideration this evening.

Not only is the number of leg ulcers vast, but their appearance is so very unattractive to the average practitioner, that he does not take the trouble to really examine or treat these cases, as he would others with perhaps less objectionable features and more attractive names.

Until recently no really scientific study of the structure of ulcers, and the conditions producing them had been made.

The work done in this connection by Thiersch, of Germany, has given to the world one of the most valuable and useful surgical procedures of recent years.

I refer to his method of skin transplantation, a full description of which can be

found in the *Archiv für Klinische Chirurgie*, Vol. 37, part 1, 1888.

During a somewhat extended hospital and dispensary service in this city and elsewhere, I have had abundant opportunity to observe and study leg ulcers of every variety, and this paper will be a resumé of some of my own observations as to their pathology, and the best methods of treatment, rather than any very exhaustive study of the whole subject.

Clinically, I shall divide ulcers into four general classes, for the sake of convenience, although there are no hard and fast lines of distinction between them, as the characteristics of one or more varieties may coexist in any one case.

1. The healthy or healing ulcer.
2. The indolent or sluggish ulcer.
3. The irritable ulcer.
4. The painful ulcer.

1.—The healthy or granulating ulcer is a simple granulating surface, and presents the same general characteristics clinically, as a granulating surface elsewhere. The process of healing takes place by the growth of new epithelium inwards, from the edges towards the centre.

2.—The second class of ulcers, the indolent variety, is characterised clinically, by a dirty, unhealthy surface, covered with pale, sickly looking granulations, and unhealthy pus and detritus. The edges are very much thickened, raised ard indurated, and there is much infiltration and fibrous thickening of the surrounding tissues. This class, if left to itself, shows little or no inclination to heal.

3.—Irritable ulcers. Under this heading I have included all those ulcers which, upon the slightest irritation, whether mechanical or chemical, take on a very red and angry look, are marked by intense itching and burning, and at times pain in the ulcer itself and in the surrounding tissues. There is frequently associated with this a copious serous discharge and an intense inflammatory disturbance in the surrounding skin, in short, an intense eczema.

4.—The fourth class of ulcers includes those characterized by intense pain and extreme tenderness. They are usually of small size and not accompanied by any very appreciable enlargement of neighboring veins. The edges often present a puckered, scar-like appearance, and often marked pigmentation of the surrounding skin. This, however, is not a distinctive feature of this particular variety, but may be seen at times in all varieties.

The simplest idea of an ulcer is to consider it as a part of an abscess, an abscess with its walls spread out. It probably originates, as an abscess does, in a local injury or necrosis of tissue. This becomes filled with leucocytes. It softens down in the case of the abscess and formes a circumscribed collection of pus, while in the ulcer it is thrown off from its surface. In both there is the same reaction on the part of the tissues, tending to repair, and the formation of a vascular granulation tissue.

In the ulcer this granulatton tissue, with its abundant supply of vessels, forms a bed for the growing epithelium from the edges, and supplies it with abundant nutrition, and healing takes place rapidly. But other causes may be at work. There may be repeated traumas; and their affect, which was felt at first only on the surface, may extend deeper and deeper into the tissue, or, in consequence of dilatation or of increased pressure in the superficial veins, the granulations from the first may have a sluggish circulation. The deep layers change into a dense, cicatricial-like tissue, the conditions for repair are reduced to a minimum, and from the simple ulcer we have the chronic ulcer formed.

In the general histology of the chronic ulcer, two tolerably distinct layers of tissue must be considered, an upper, which forms the floor of the ulcer, and a lower, beneath this.

The upper layer is composed of granulation tissue, rich in cells. There is always evidence of inflammation in this. The upper surface is full of leucocytes

and round cells. There is always, just at the surface, an area of necrosis. Both polynuclear white corpuscles and red corpuscles are found. The general trend of the tissue blood vessels in this layer is perpendicular to the surface. The blood vessels are numerous and run in groups of several. The tissue immediately around them frequently shows a hyaline or mucoid degeneration. The vessels themselves are wide, their walls thick and almost composed of cells. They form loops just below the surface. They frequently are filled with leucocytes, and from these vessels proceed the numerous pus cells found in the tissue, and secreted from the surface.

Gradually merging into this upper layer is a tissue whose general trend is horizontal. It is generally composed of dense, almost cicatricial, connective tissue, and contains comparatively few spindle cells.

Here and there are generally seen smaller or larger areas of small round cell infiltration. One is always struck by the extreme paucity of blood vessels in this layer, as compared with the upper; only here and there is a large thickened vessel going through it. The arteries have thickened walls. The thickness of this tissue is variable and depends upon the length of time the ulcer has lasted. Beneath this comes the normal connective tissue, with abundant blood vessels, but even here the arteries are frequently thickened.

The edges of the ulcers show very interesting details. The tissue composing the floor of the ulcer extends a variable distance beneath the epidermis. There is the same upper area of loose vascular tissue, and the dense connective tissue below. There is always an active growth of epithelium. Not only is this epithelium thickened to several times the normal thickness, but it extends into the tissues beneath in long masses. At the edge of the ulcer, this epithelial growth is very prominent. Islands of epithelium may be seen scattered through the tissue, and the perfect histological picture of the carcinoma is presented. The difference between the two, however, is seen in the fact that this growth of epithelium has no tendency to invade sound tissues. It only extends to the limit of the sound, not beyond. The masses of epithelium are almost certainly in the lymphatic vessels.

From this it can be seen that the great vascularity of the ulcer is more apparent than real. The upper surface is vascular, as far as the number of vessels is concerned, but the supply of blood feeding these vessels is less than normal. Traumatic influences which would not be felt in sound parts, and which, even if involving an injury of the parts, would be quickly repaired by the heightened circulation, and rapid regeneration from the surrounding tissues, will here lead to serious consequences.

The vessels are always in a state of inflammation and the circulation in them is always slow and sluggish, owing to the disparity between the width of the vascular bed, and the supplying stream.

The good effects which result from cutting the ulcers, which will be referred to under the head of treatment, come from the fact that the dense, poorly vascularized tissue is cut through, and there is a chance for granulations with an abundant supply of blood to come from the sound tissue beneath.

It is further seen that the effect of the removal of tissue in skin grafting is not alone in the removal of the upper layer with perpendicular vessels, as Thiersch would have us believe, but in the removal of all the abnormal tissue, and placing the grafts on a sound, healthy basis.

The pathology of the four clinical varieties previously mentioned is essentially the same, differing slightly according to the condition and variety of the ulcer.

I could find no histological explanation of the class of ulcers that I have designated "painful." They present no features differing from the ordinary indolent variety. In none were there found any nerves or nerve filaments. Although in none of the specimens examined did

there seem to be any special involvement of the nerves, the excessive pain might very well be referred to some connection of the nerve filaments with the ulcerative or cicatricial process.

The etiology of chronic ulcers is a very vexed question. A great deal has been written upon this subject, and a great many theories have been advanced; but I think it must be admitted, that as yet tnere is no satisfactory explanation of the fact, that similar injuries in different individuals, but subject to the same conditions, do not correspondingly react. The one case will promptly heal, while the other, in spite of careful attention and dressing, will not only persistently refuse to do so, but frequently increase in size. A microscopic examination of sections through the base and edges of the ulcers will, I think, throw considerable light on the subject; for here, as has been pointed out before, will be noted the great paucity of vessels carrying blood to the ulcers and surrounding tissues, and also the pathological changes that have taken place in the vessel walls. This accounts in a great measure for the very feeble reparative powers exhibited, and the very slight resistance offered to fresh injuries to the parts. It seems to me that this offers a very ready explanation of the extension and persistence of the process, after it has once become established, but it alone will not explain the initial development of the ulcer. There must be some other influences at work to aid in the degenerative process; a lowering of the whole tone of the system, a general depression of the vital forces, unhygienic conditions and surroundings, circulatory disturbances, uncleanly habits and occupations, constant irritation whether of mechanical, chemical or parasitic origin, and a host of other causes and conditions, all of which or any one of which, may play a more or less important role in the etiology of any given case.

I have endeavored, in a study of the cases that have presented themselves at the Surgical Clinic of the Johns Hopkins Hospital Dispensary, to establish some sort of relationship between the various causes mentioned, and the existence and character of the ulcer, but without any very satisfactory results. I regret that I cannot give any statistics of value on the subject, owing to the great difficulty in obtaining any very satisfactory histories from the vast majority of patients of this class, and also to the incompleteness of the records on these points, so I will omit them altogether. Suffice it to say, that I attempted to establish the existence of some definite causal relationship between the formation of ulcers and traumatism of various kinds, pregnancy, the climacteric, heredity, occupation, age, sex and &c; also their association with hæmorrhoids, varicocele, varicose veins, weak heart, or other evidences of a general or local venous obstruction, but without any results that warrant the drawing of any positive conclusions.

It is not my purpose in this paper to recount or discuss the innumerable varieties of treatment of ulcers, that have been proposed from time to time; but to confine myself entirely to these methods, that have proved efficacious under my own observation. The day of compression by artistically and carefully applied strapping is passed. This has been almost entirely superseded by elastic bandages and stockings; and instead of the various and wonderful salves, those delights of the old women's hearts, we now see the more radiant hued pyoktanin and kindred dyes, peroxide of hydrogen, salicylic acid, aristol, the curette and the knife.

For foul smelling and sloughy ulcers, nothing that I have tried acts so satisfactorily, as a few applications of a 10 per cent. iodoform ointment. It does not do, however, to continue the application very long, for I have seen a number of cases of marked dermatitis, caused by its continued use. Boric acid and salicylic acid ointments in the strength of from five to ten per cent. have been found especially efficacious in those cases associated with eczema. When there is a good

deal of moisture present, a powder of equal parts of carbonate of magnesia, oxide of zinc and chalk, dusted over the parts, is of great service. Pyoktanin, both in solutions of from 1-1,000 to 1-500 and in powder mixed with chalk 1-20, I have used constantly for some months past. As an application to ulcers in general, it holds, I think, a high rank; but, after watching its constant application for several months, I cannot see that it substantiates the extravagant claims made for it by its enthusiasts, nor wherein it excels some of the other dressings mentioned. The same may be said of peroxide of hydrogen. Aristol and ichthyol give excellent results, when applied to foul and sloughy surfaces. I could relate many cases treated by all of these different methods. Suffice it to say, however, that among the different applications mentioned there is very little choice. They are all about equally good, one appearing to act better in one case, and another in another case. In those cases where the ulceration does not cover too large a surface, I have obtained by far the quickest and best results from multiple deep crucial incisions through the base and edges of the ulcer. It is done in the following manner:

After having produced either a local anæsthesia with cocaine, or the primary stage of general anæsthesia with ether, deep crucial incisions are madethrough the base and edges of the ulcer. The incisions should be made deep enough to go through the layer of dense fibrous tissue underlying the ulcer, and should extend far enough beyond the edges to reach healthy tissue. If there are any large veins in the immediate neighborhood of the ulcer, they should be cut through. The succeeding hemorrhage, which is often quite profuse and rather beneficial than otherwise, is easily controlled by pressure with a snugly applied bandage. In rare instances it may be necessary to control the hemorrhage by a ligature or stich. An antiseptic dressing is then applied. I usually prefer for the first two or three dressings, a 10 per cent. ointment of iodoform and vaseline, which is allowed to remain for three or four days. As the patients often complain of some pain in the ulcer for the first 24 hours, they are provided with a few gr. $\frac{1}{8}$ morphia pills, and told to take enough of them to relieve the pain. After the first 24 hours, complaints are seldom heard. The good effects noticed immediately following the cutting are as follows: The appearance of vigorous, healthy granulations, springing up from beneath the dense fibroid base of the ulcer, through the incisions and a growth inward from the edges of new epithelium alongthe lines of incision. The thick raised edges of the ulcer are replaced by a flat red surface, healthily granulating. The intense burning pain, so often complained of, especially in the painful variety previously mentioned, is relieved almost instantaneously. I could relate many cases illustrating all these points, but will mention briefly only two.

Oct. 20, 1889. Simon R., laborer, aged 77. Received a blow on right leg 15 years ago, and has had ulcer ever since, healing for a short time at long intervals. On his feet much; veins not much enlarged. Enters Oct. 20, 1889, with large irregular shaped ulcer about $2\frac{3}{4}$x$1\frac{1}{2}$ inches on anterior aspect of right leg, about middle. Dirty, sloughy base, sluggish looking granulations, and very hard, thick, inverted edges, with dense fibrous tissue all about in neighborhood of ulcer; very intense eczema over whole leg from foot to knee. Has had much pain. Says the only way he could obtain sleep at night, was to wrap leg in cabbage leaves, which afforded the desired relief. Washed with corrosive sublimate solution 1-1,000, and dressed with iodoform ointment for several days. Inflammatory condition soon subsided under this and oxide of zinc powder. On Oct. 26, ulcer was cut. In this case only transverse incisions were made, in order to watch the growth of epithelium along lines of incision. Oct. 28, returns with edges much flattened and whole ulcer looking much healthier. Has had no pain since cutting.

Oct. 31, new growth of epithelium, following lines of incisions running near-

ly across the ulcer in places, also islands of epithelium growing here and there. Granulating healthily.

Nov. 20, has been dressed twice a week since last note. At this date perfectly well, no tenderness. Paquelin cautery applied occasionally, has relieved his slight pain.

Oct. 10, 1889. O. W. S., cabinet maker, aged 45. About 10 months ago small ulcer appeared back of internal malleolus of right leg. Has had no injury, veins of leg very slightly enlarged. Patient markedly rachitic. Has had a great deal of pain, especially in region of ulcer, of a severe burning character, ulcer never large. There is thickening and induration around edges of ulcer, over area of about the size of a silver dollar, a good deal of pigmentation in this area, and it is very tender to touch. Ulcer size of thumb nail, indolent and unhealthy looking, edges not much thickened nor inverted. Iodoform ointment applied.

Oct. 11, 1889, during primary stage of ether anæsthesia, deep crucical incisions were made through ulcer and tissue around. Iodoform dressing.

Oct. 29, has had "none of the old burning pain since cutting." Looks very healthy and granulating nicely.

Nov. 4, has been working on feet steadily of late, and complains of a little of the old burning pain. Ulcer of small size and looking very well. Paquelin cautery applied thoroughly with entire relief to pain.

Nov. 14, has had no pain at all. Cautery applied weekly when leg is dressed.

Nov. 25, well. Some slight pain in leg, relieved by cautery.

Too much attention cannot be paid to the proper application of the bandage in all cases, especially where there is much enlargement of the veins. I believe that in a large proportion of cases which do well, the close fitting, properly applied bandage hastens the recovery almost as much as the local application; and that, in many of the cases which act unsatisfactorily, the carelessly applied bandage is largely responsible for the delayed healing.

Certain it is, that ulcers heal much more kindly under a well fitting smoothly applied bandage, than under one which when removed, leaves the surface of the leg deeply furrowed, where the pressure has been unequally applied.

In a few cases that have refused to respond to all efforts, I have excised, under ether, the whole ulcer with a considerable margin of apparently healthy tissue, and have then observed them granulate up rapidly and in a very satisfactory manner.

One other method of treatment I wish to refer to before closing. It is the method of skin transplantation first introduced by Thiersch.

This method, modified and improved somewhat by Dr. Halsted and as employed at the Johns Hopkins Hospital, is substantially as follows.

The day before the operation, the ulcer and surrounding parts, and the region from which the grafts are to be taken (preferably the outer surface of the thigh or upper arm), are thoroughly scrubbed with soap and water, and shaved. Then officinal green soap is applied and left on for five or six hours. The soap is then washed off and a gauze dressing applied, which is kept saturated with a solution of carbolic acid 1-80 over night. Early in the morning the dressing is wet with a 1-1,000 solution of bichloride of mercury, and kept moist until it is removed on the operating table.

After douching with a 1-1000 bichloride solution, the surface of the ulcer is rendered sterile by touching with pure carbolic acid. The ulcer is then excised, care being taken to go down to healthy tissue. All bleeding points are then carefully stopped by ligature or compression. Some little time may be consumed in obtaining a thoroughly dry wound.

It was found, that the presence of bichloride on the surface to be grafted interfered somewhat with the growth of the grafts; hence the wound is not irrigated, and gauze used for sponging is wrung

out of a sterilized physiological salt solution. After douching with sterilized salt sotion, the surface from which the grafts are to be obtained, they are cut as thinly as possible, and of the desired length. They are tnen transferred on the knife blade directly to the surface to be grafted, and with the aid of needles are carefully spread out over the raw surface, care being taken to leave no uncovered spots between the edges of the grafts.

In order to cut grafts of satisfactory size and thickness, it is essential to have a very sharp knife, with a long blade.and an assistant who renders the skin of the part tense by retracting it with a hand on either side.

After the denuded surface has been entirely covered with grafts, (it matters not if their edges overlap a little here and there) the whole surface is covered with strips of protective, and a large sterile absorbent dressing is applied, which is not to be removed for about two weeks.

Thiersch advocates changing the dressing daily, but it was found in Dr. Halsted's cases that this needlessly disturbed the grafts, and, after a few exposures to the air in changing the dressings, there was always some supparation present, which was never present where the dressing was not molested for a week or two. Dr. Halsted lays great stress upon the excision of diseased portions rather than scraping, as by the latter method an aseptic wound can never be obtained, and upon this the result of the operation largely depends.

This method has been used at the hospital in a large number of chronic and acute ulcers resulting from a great variety of causes; and in other cases, where there was a raw surface of any considerable size to be covered, or where healing was especially desired without the usual contraction resulting from the cicarix.

So far the results have been uniformly successful, with the single exception of specific ulcers, which are mentioned by Thiersch in his article as a contraindication to this method of grafting. Even in these cases marked benefit has been observed on several occasions.

In conclusion I wish simply to add that this method of Thiersch has only to be tried in the manner thus outlined, to convince one that it offers far more certainly than any other, the hope, indeed I may say the assurance, of a cure, in that very large class of chronic ulcers of the leg or elsewhere, which are so distressing alike to the patient and the surgeon.

923 N. Charles Street.

USE OF NITRO-GLYCERINE IN A CASE OF POISONING BY CARBONIC OXIDE GAS.

BY I. R. TRIMBLE, M. D.

Miss B., aged 20, on March 3rd retired at 9 P. M., window and door closed. Left a gas stove burning in her room; during the night the flame went out, and the gas escaped. At 7.15 A. M., March 4, persons in the next room were attracted by her loud breathing. She was at once removed into another room and window opened.

I saw her at 7.30 A. M. Profoundly unconscious, no reflexes, respirations 12 to the minute, stertorous and labored, foam escaping from her mouth and nose, cyanosis of skin, extremities cold and clammy, pulse weak, wavy and impossible to count correctly, heart sounds muffled and irregular. The air could not freely penetrate the lungs on account of the accumulation of mucous in the alveoli.

All the arterioles were contracted, which was shown by the cyanosis of the surface. This in turn forced the blood into the larger vessels and organs, giving rise to congestion as shown by the condition of the lungs and heart.

She was given hypodermically $\frac{1}{100}$ of a grain of nitroglycerine. In a few minutes her lips were less cyanotic, then flushing of her face, and lastly her extremities became flushed and warm. Her respirations lost most of their stertorous

character, they were increased in number and more natural. Her heart sounds became distinct, less irregular and less labored. Pulse 110 to the minute, with more volume and force. She was then given hypodermically as a heart and nerve tonic, sulph. strychnia gr. $\frac{1}{20}$. The pulse in a few minutes decreased in frequency and had more volume, more force and was steadier.

For two hours the battery was applied whenever her respirations flagged, one pole over the phrenic and the other over the epigastrium, by this means succeeded in making her take deeper respirations, also in making her vomit about one quart of greenish fluid, and a quantity of mucous secretions from the lungs. In half an hour repeated the dose of nitroglycerine and sulph. of strychnine. With the same effect upon the heart as at first.

10 A. M., succeeded in getting her to swallow some whiskey and water.

Respirations were 20—pulse 90, full and regular at 12 o'clock; four and one-half hours from the time she was first seen; she roused up and spoke coherently.

I used nitro-glycerine in the above case having noted the good effect produced by it in other cases of heart failure and oppression.

Carbon monoxide displaces the oxygen from the blood, and also forms a com pound with the hæmoglobin with which the oxygen is ordinarily combined. In this way the person is killed by the cutting off of the oxygen necessary for life.

In gas poisoning we have to combat the above condition in the blood, and also that of a weak irregular heart, engorgement of the lungs and other organs with non-oxygenated blood.

The means of combatting these conditions are, fresh air, artificial respiration, battery, transfusion of human blood or defibrinated animal blood, heart stimulants and surface stimulation.

In nitro-glycerine we have a most valuable adjunct in our treatment of gas poisoning, for whether given by the mouth or even put upon the mucous membrane of the lips, or given hypodermically, it acts with such rapidity upon the nerves and through these upon the heart as a stimulant, that the aneation of the blood and the expulsion of the carbon monoxide goes onmore rapidly and a more favorable termination of the case is expected.

In the following cases of aæmia I used nitro-glycerine in conjunction with nux vomica, iron, gentian and cinchona with good effect.

Mrs. W. aged 28, very anæmic, pulse irregular intermittent, weak and thready. No valvular trouble with the heart, extremities cold, excessive pain and crunching sensation in the head and spinal column, digestion poor, food frequently vomited. The pains in the back and head were due to the anæmic condition of the brain and cord.

Gave $\frac{1}{100}$ of a grain of nitro-glycerine four times a day for a week and then only twice a day for a week.

Also

℞.—Tr. nux vomica gtts. xx.
Tr. Gentian
Comp. Tr. Cinchona } āā 3j
after meals.

In four weeks patient was discharged.

J. H., colored, laborer, aged 55. I saw him a few hours after an attack of syncope. Pulse 40 to the minute, slow, weak, irregular and intermittent.

Digitalis contra indicated as a heart tonic for much more slowing of the heart would finish the patient.

The patient had been unwell for some time. No appetite, digestion poor, difficulty of breathing. Complained of crunching pains in his head.

Gave $\frac{1}{100}$ of a grain of nitro glycerine four times a day.

Also

℞.—Tr. nux vomica, gtts xx
Tr. chloride iron, gtts xxx
Tr. gentian
Comp. tr. cinchona } āā 3ii
after meals.

The heart at once increased in force and frequency. In one week discontinued the nitro-glycerine, But continued the other tonic.

At that time pulse was 60, had lost its irregular and intermittent character and was full and regular.

Patient returned to work in a month.

H. W., white, aged 48. An old syphilitic case. He was taking large doses of iodide of potash.

Heart slow and irregular, extremities cold and cyanotic. Appetite poor. Digestion bad. Discontinued for the time the iodide of potash. Gave $\frac{1}{100}$ of a grain of nitro-glycerine before meals and

℞.—Tr. nux vomica, gtts xx
Dil nitro muriatic acid, gtts xv
Tr. gentian, } āā 3j
Comp. tr. cinchona, }

after meals.

In three week his general health was so much improved that I was able to continue the syphilitic treatment.

I would say that in the administration of the bitter tonics, much better results are obtained if they are given in the tinctures without attempting to disguise their taste.

In collapse following surgical shock I have given nitro-glycerine with very satisfactory results. The dose being $\frac{1}{100}$ of a grain hypodermically every 15 minutes when necessary.

The article of J. B. Burrough, M. D. upon nitro-glycerine, in the *Lancet*, June 22nd, 1889, page 1238, and June 29th, 1889, page 1297, should be read thoroughly.

"He says the dose is one drop of a 1 per cent. solution." Druggist usually carry a 10 per cent. solution which is no n-explosive; from that a 1 per cent. solution can be readily made.

Its effects are as soon seen, whether it is absorbed from the mucous membranes of the lips or given hypedermically. The action on the heart is through the sympathetic nervous system.

The vagus nerve and the vaso-contractor nerves of the vaso-motor nervous system are depressed, partially paralysed. This allows the extensive system of arterioles to dilate and thus give room within their walls for a greater amount of blood to flow.

Thus this enlarged reservoir of tubes relieves the heart of the work of forcing the current through the narrow contracted tubes. This and the vagus nerve being depressed permits the heart to beat free, fuller and more rapidly. The action of digitalis on the heart is by the stimulation of the vagus which shows the beat of the heart, thus giving it more time for rest and time for its own nourishment.

The reverse of this is seen in a slow pulse. The circulation here is so slow that the heart muscles do not get sufficient nourishment.

Nitro-glycerine by partially paralysing the vagus and vaso contractor nerves of the vaso-motor nervous system, allow the heart to beat more rapidly and in this way supplying the needed nourishment.

Nitrate of amyl and nitro-glycerine are similar in their actions and effects.

The former can be given by inhalation but the effect is not so lasting as with nitro-glycerine.

Alcohol and ether are similar in their effects to nityo-glycerine and also to each other.

With all these the first stage of excitement is followed by a second stage of unconsciousness.

With alcohol the first stage is of long duration, large quantities of the drug and a greater length of time being required to reach the second stage.

With ether the first stage is soon reached and passed, and the stage of unconsciousness is rapidly entered.

Nitro-glycerine in comparison with the action of the other two drugs, enters the first stage almost instantly and only enters the second stage after a poisonous dose has been administered.

Alcohol is preferred to ether in cases of emergency where the effect upon the circulation is desired.

Nitro-glycerine should be preferred to alcohol because its effect upon the circulation is almost instantaneous, and can be given during unconsciousness.

One drop of a one per cent. solution being equal to an ounce of brandy.

Dr. J. B. Burroughs also mentions its use with good effect in neuralgia of the heart, (angina pectoris); nausea and faintness during a minor surgical operation; spasmotic asthma; headache in anæmia; rapid prostration in typhoid fever; hysterical aphonia; acute alcoholism; opium poisoning; uræmic coma; nephritis and other troubles.

Care should be taken in giving nitroglycerine to persons suffering from calcareous degeneration of the arteries, as the sudden increase of blood and expansion of the arteries may cause a break in their coats.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 6, 1891.

The 245th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

Dr. Wm. Osler presented a paper on

CARDIO-VASCULAR CONDITIONS IN ARTERIO-SCLEROSIS.

In the discussion,

Dr. I. E. Atkinson spoke of the relative insufficiency of the mitral valve mentioned by Dr. Osler, and said that he desired to note a like condition which was occasionally met with at the aortic valve. The murmur heard is easily detected and sharply diastolic, indicating aortic regurgitation. Such a case well marked had been observed by him at Bay View Hospital, and after death the insufficiency had been clearly shown to be only relative, the valves being found free from disease. He had seen recently a negro man who, shortly before death, being markedly anasarcous, presented a clear cut second-sound aortic murmur, which varied greatly in intensity during the examination. After death the valve was inspected, found not to hold water, but was without lesion of any kind, the insufficiency being purely relative. In these cases of arterio-sclerosis albuminurea is rarely very evident. Occasionally a little albumin is found, but in many cases, and even when casts are present, it is altogether absent.

Dr. Preston spoke of the difficulties in diagnosing early arterio-sclerosis and mentioned a little instrument which he had seen in Paris which, being pressed over the artery to the point of obliteration, measured to some extent the degree of stiffening. He had in a large number of obseruations during the last two years, seen only two cases of absolutely incompressible arteries. He agrees with Dr. Wier Mitchell that the prognosis in such cases is particularly grave.

There are two distinct varieties of arterio-sclerosis; one, that of old age; the other, that of middle age. In old age the individual is physiologically prepared for the arterial stiffening, hence we often find marked schrosis and few symptoms, while in middle life this preparation is not found, and the symptoms are more marked. Dr. Preston referred to Andrew Clark's series of heart murmurs without symptoms as an evidence of the wisdom of the policy outlined by Dr. Osler in not telling patients of their trouble. He is certain that the mental and bodily conditions of many people have been seriously altered by statements made them by the examining physicians of life insurance companies. A distinct restriction in the consumption of fluids, especially of course alcohol, he regards as of the greatest importance in treating these cases.

In closing the discussion

Dr. Osler said that the relative aortic insufficiency mentioned by Dr. Atkinson as attending arterio-sclerosis while no doubt of occasional occurrence, he thought uncommon. On this point his experience was small. Examination for life insurance is often the means of discovering these cases. When arterio-sclerosis is found, the candidate should be rejected, although he may live for a long time, and it is often most unpleasant to tell him of his trouble. Life can only be regarded as hazardous in those subject to the trouble, however well they seem. He mentioned a case in point observed in Montreal. A very active man, in good health, a merchant doing business in the city, stopped one evening at the house of a friend and complained of a peculiar sensation about the throat. He rapidly developed an œdema of the larynx and died. At the autopsy marked arterio-sclerosis, hypertrophied left ventricle and patchy cirrhosis of the kidney were disclosed. Another case was of a young man of strong good stock, and whose habits were not irregular, who at the age of 28, without warning of any kind, developed uræmic coma and died. The autopsy showed considerable hypertrophy of the left vertricle, arterio-sclerosis and beginning kidney changes. In this connection he mentioned having seen several cases of arterio-sclerosis in those under thirty.

Dr. E. J. Bernstein read a paper on

DIPHTHERIA AND THE USE OF HYDROGEN PEROXIDE IN ITS TREATMENT.

Dr. A. K. Bond in the discussion following, said that theoretically this drug ought to be one of the best disinfectants and of great value in diphtheria. He thought in this connection that the situation of the germ of the disease close to the surface of the diphtheritic process as stated in the paper most important if true. He had thought that the germ penetrated deeply. Since the struggles of the child often hinder proper local treatment, the use of this drug may prove especially valuable as it can be swallowed with impunity.

Dr. Rohé said that he was not aware that Dr. Bernstein had given evidence that hydrogen peroxide is germicidal. It may be uesful in diphtheria, it may destroy the organism of the disease, but as a general thing it was not an efficient germicide. The perfuming agents, deodorizers and fumigators are not disinfectants. There is only one way of contracting the disease, and that is by contact, and to control it, isolation and prevention are the most important agents. Various drugs are of more or less value, especially iron to overcome amæmia, but they are all of secondary importance to the hygienic measures.

Dr. Welch said that he was entirely in accord with Dr. Rohé in the statement that the disease could originate in only one way. Diphtheria is a specific microbic disease, and can only be transmitted by contact. There are certain houses, known as diphtheria houses, places where the disease germ finds suitable conditions for permanent lodgment, and where the usual disinfection methods fail for some reason, in their action. Faulty drainage, sewer gas, etc., cannot in themselves cause the disease. Personally he knew nothing of the disinfectant power of hydrogen peroxide, but he purposed testing it. Behring says that it destroys the bacillus of diphtheria, but this point has not yet been established. There is one point which he would like to hear discussed, viz.: Does one attack confer immunity against succeeding attacks? What is the real condition? Some doubt has been expressed as to the real character of the diphtheritic process in the newborn child. Dr. J. Lewis Smith thinks that under such circumstances the disease is not caused by Klebs bacillus, but by certain streptococci.

Dr. R. L. Randolph read a paper on

A CASE OF SYMPATHETIC OPHTHALMITIS.

No discussion.

The Society then adjourned.

R. B. WARFIELD,
Rec. Sect'y.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, APRIL 4, 1891.

Editorial.

PROFESSIONAL ORGANIZATIONS IN MARYLAND.

The work of professional organization is one of the most important obligations now resting upon the medical profession in Maryland. Up to the present time this work has been shamefully neglected by the physicians of this State. Whilst the profession of almost every State in the Union is either organized, or in process of organization in this State, we are apathetic and indifferent to such considerations. All must recognize the necessity of a movement which has in view the betterment of professional interests in Maryland. The State is overrun with quacks and irregulars, important professional interests are neglected, the *esprit de corps* of the profession as a body is lowered and dwarfed by the prevalence of irregular methods and practices among many men who would do better under the stimulus of stricter professional scrutiny, and lastly the public is indirectly influenced and punished by a too careless observance of professional relations by many who engage in the practice of medicine. All of these conditions can be modified and improved through a thorough organization of the physicians of Maryland. Let each one who is interested in the welfare of the profession as a body, weigh these considerations and then consent to give a word of encouragement to the work of organization now being initiated in this State.

Apropos to the foregoing subject we desire to direct attention to the 92nd Annual Meeting of the Medical and Chirurgical Faculty of Maryland, which will convene in this city on the fourth Tuesday in April. The Faculty is virtually the only State Medical Society in Maryland, and the only organization in the State to which the profession can look for assistance and direction in any movement looking to a more efficient upbuilding of professional interests in the State. The many local societies throughout the State can no doubt render valuable aid to the work of organization, but no efficient and thorough work in this direction can be accomplished without the influence and co-operation of the State Faculty. This organization has all the machinery required for effective and systematic work. All that is needed is to keep this machinery in good working order, and to push it to its full working capactity. At no time within recent years, certainly since 1858, has the faculty shown such evidences of progress and development. Its

semi-annual meetings, its library and nurse's directory and large increase of membership during the past year, all indicate that this organization is moving ahead on a larger and broader plane. Up to this time its value to the profession of this State has not been fully recognized. Its membership though an active one, is entirely too small when the medical population of Maryland is numerically considered.

The faculty is entitled to the support of every reputable physician in the State, since it presents in its principles of organization every method and purpose having in view the improvement of professional interests and the advancement of scientific medicine.

We urge such physicians throughout the State who wish to aid in the work of professional organization, and who are not now members of the State Faculty, to make application for membership at the coming meeting.

. . . . .

The meeting of the Medical and Chirurgical Faculty to be held this month, to which attention has been directed in the foregoing paragraph, promises to be one of the most important and instructive of any in the history of this organization.

The annual oration to be delivered by Prof. Welch on the "Causation of Diphtheria," will call attention to a most important subject, and will be fully worthy of a very large attendance. The promise of material for the sections is good, whilst the number of original papers will be large. Apart from the scientific work there are questions of importance coming before the meeting which require a large and prompt attendance. The social features of the meeting will not be lost sight of.

These annual reunions are always occasions for the renewal and exchange of courtesies and acquaintances, and should always draw the country and city members into closer and more agreeable relations. We hope that the profession throughout the State will take this opportunity to relax their work, and will come to the city where cordial greetings will be extended to them. Such occasions as these present opportunities for real and permanent good to all who take advantage of them. Once a year at least let the profession of Maryland turn aside from practice and give some consideration to the purposes of associated work.

HYPNOTISM AND ITS ABUSE.

The literature on hypnotism and the Koch lymph bid fair to equal each other in voluminousness and rapid increase, and both are worthy of the attention of careful investigators. The following is what a Committee of the Medico Legal Society of New York reported recently on the subject of hypnotism: "The literature of the subject is growing opulent—a thousand titles are now recorded. The number of reputable investigators increases. Taken out of the hands of those whose aims and methods cast discredit on it, hypnotism is studied by members of each of the learned professions vitally related as it is to the interests of which they are the national custodians. It is safe to say that these facts are established.

1. Hypnosis or artificial trance sleep, is a subjective phenomenon. Here mod-

ern science joins issue with old-time mesmerism, the theory of some mysterious efflux from the operator. Hypnosis may be self-induced through expectation alone, through fright, by religious ecstasy or any enrapturing emotion.

2. Hypnosis is not in itself a disease. Neurotic conditions predispose one to the trance sleep, but the strongest minds have also been enthralled. Their recorded visions have then an open book for centuries.

3. Hypnosis is recognised in three stages—lethargy, somnambulism and catalepsy. The transition may be immediate. The second is instantly induced in trained sensitives.

4. Hypnosis has been serviceable in medical and surgical practice, both as a therapeutic agent and in some cases as an efficient and safe anæsthetic.

5. The illusory impressions created by hypnosis may be made to dominate and tyrannize the subsequent actions of the subject.

The following legal aspects present themselves:

1. Has the sensitive sought the operator, or has the operator used undue influence to gain control of him?

2. Are proper witnesses present?

3. Are possible elements of error eliminated, such as self deception, simulation and malingering?

4. Is hypnosis a justifiable inquisitorial agent?

5. Do we need a reconstruction of the laws of evidence in view of the perversion—visual and otherwise created by the trance?

6. Is any revision of the penal code desirable in view of these facts?

Finally should there be legal surveillance over private expeiments or public exhibitions?"

The last question opens a wide field for differences of opinion, but it wonld seem that some supervision over public exhibitions at least, ought to be established. The difficulty of securing any practical control over private experiments by professional men is probably an insupperable objection to any attempt of the kind, but any experiments ought to be held to a rigid accountability for physical or mental harm resulting from their mistakes. In this connection considerable interest will be felt in a recent article in the *New York Medical Journal* where a case was mentioned showing very serious results from a successful attempt to hypnotise a subject. The writer treated the patient professionally, and says he suffered from violent convulsive attacks for several weeks attended with great pain of body and loss of consciousness.

The remedy proposed was a law forbidding experiments by unprofessional persons and it is probable that such a measure would be unobjectionable. It must also be remembered that "Boards of health" have at present, in some cities such as Cincinnati the power to prohibit public exhibitions of the kind.

Correspondence.

EYE PRESCRIPTIONS.

Editor Maryland Medical Journal:

Prof. J. J. Chisolm's article in your issue of March 14th on the use of astringents in the common forms of eye diseases, is remarkable for its simplicity and clearness. His plea for weaker solutions of sulphate of zinc, using one grain to the ℥i of rose water, for conjunctivitis,

and weaker solutions of nitrate of silver using five grains only to the ounce of water in the purulent conjunctivitis of the newly born, is worthy the profound consideration of the profession.

I have had the opportunity to observe in my lifetime thousands of eye prescriptions and have been astonished at the unnecessary and uncalled for strength of these solutions intended for the sensitive membrane of the eye.

Observing the intense pain and suffering in strong men from the use of from 10 to 20 grains of nitrate of silver to the ounce of water in cases of gonorrhœal ophthalmia in my own practice, and reading in books and journals of the rapid spread over Europe and America of the famous Credé's method, irrigation and a two per cent. solution of nitrate of silver, to be dropped into the eyes of the new-born babe, the thought naturally suggested, what sensation did this produce upon the babes so treated, was cocaine admissable. and if so, was it widely adopted to lessen the pain?

It is to be noted that Credé's method a two per cent. solution means about ten grains to the ounce, Chisolm's formula five grains to the ounce means practically a one per cent. solution. If time demonstrates the value of this reduction as I think and hope it will, it will be another "revolution" in the direction of humanizing the profession, suggested by Prof. Chisolm.

Wyeth's Text Book on Surgery, p. 307 mentions "a two per cent. nitrate of silver solution (grs. ii ss. ℥ i)." this is evidently an error as I have said before roughly speaking 10 grains to the ounce of water, 480 minims or drops is about a two per cent. solution, (grs. ii ss. ℥ i) is only a ½ per cent. solution if this latter strength is meant then Wyeth should be recorded, the new-born babes are saved much pain, and the world much silver.

Very respectfully,

J. M. WORTHINGTON, M. D.

107 Church St., Annapolis.

Medical Progress.

OTITIS AND FACIAL PARALYSIS.

Gellé (*Annales des Maladies de l' Oreille* etc., November 1890), discusses the relation of facial paralysis to acute otitis. He observed 31 cases of facial paralysis, and out of them one was the result of injury, one of lightning stroke, one of cerebral tumor, five of chronic otorrhœa, leaving 23, in 18 of which the paralysis was associated with undoubted acute otitis: in two only of these 23 was there suppuration. The vulnerable point of the nerve is the portion of the Fallopian canal which hugs the inner wall of the tympanum, and the nature of the pathological condition is an œdematous inflammatory infiltration of the periesteum of the canal which compresses but "respects" the nervous tissue, as proved by the complete return to the normal state. In the influenza epidemic most of the facial palsies were preceded by acûte pains; these pains were in part due to the compression of the facial nerve, "which is kwown to be sensitive at its exit from the stylo-mastoid foramen." The seat of the pain has been localised as in the mastoid region in a large number of cases. Gellé insists that it is only necessary to ignore the aural symptoms to have the typical "painful facial paralysis," adding that the otitis and the pain pass away with relative rapidity, while the paralysis remains prominently before the eye, and is recognised by all, whereas many overlook the former elements. The deafness was generally marked. In most cases there were palpable changes in the membrana tampani, and those cases in which such changes were not present came under observation at so late a stage that there was time for them to have disappeared. Hyperacusis—painful hearing (*ouie douloureuse*)— was present in only three out of 28 cases, though frequent in cases of otitis without facial palsy. In the cases under consideration he attributes it to the overaction of the tensor tympani

(supplied by the fifth nerve), its antagonist, the stapedius (supplied by the seventh), being inactive. In support of this view he adduces as evidence of the overaction of the tensor the symptom that the tuning fork in contact with the vertex was heard louder in the ear of the affected side. At the same time, he considers this inactivity of the stapedius as due to an inflammatory relaxation of the tendon of the muscle rather than to a paralysis of the nerve, as the condition was absent in a case of paralysis of the facial from pressure by an intracranial tumor. Noises in the ear were present as frequently as deafness. Vertigo was noted 14 times in 21 cases. The course of the paralysis is not always parallel with that of the otitis. Sometimes the otitis disappears and the paralysis remains and sometimes the converse takes place; the one acts on the other, but they are not essentially dependent on each other, and may differ entirely in relative severity. In general the affection is more quickly recovered from in proportion as the otitis is less severe, and treatment should be directed towards the cure of the middle-ear trouble. It should be antiphlogistic in the first place, paracentesis of the membrane being of well-proved value.—*Brit. Med. Jour.*

REPORT FROM BERLIN UPON THE ACTION OF THE KOCH LYMPH.

P. A. Surgeon J. J. Kinyoun, under detail from the Supervising General's bureau to study the methods of Professor Koch in the Hygienic Institute of the Berlin University, transmits the following from Berlin, dated Feb. 14:

So far no definite conclusion can be reached in regard to the *curative* properties of the Koch lymph, but certainly there has been a marked improvement in some of the cases. This has not been the rule in all. I think it safe to assert that the reason why so disastrous results have ensued in quite a number of cases has been rather the fault of the diagnostician than because of the remedy used.

So far I have not been convinced that death has been caused by the lymph injections when used in the first stage of the disease, but, at the same time, it can not be denied that disastrous results have followed its use when administered in the second and third stages. In regard to the histological changes occurring as the result of the treatment, I hope to furnish you an account at an early date.

STUPOROSE INSANITY FOLLOWING HYPNOTISM.

Mr. Nolan reports a case (*Jour. of Med. Sci.*, January, 1891), refuting the notion that hypnotism can be induced indiscriminately without danger. The patient was a soldier, with neurotic taint, who, on being promoted to the rank of lance-corporal, felt unequal to his new duties and abandoned himself to sexual and alcoholic excesses. While in a state of consequent nervous instability he voluntarily submitted to being hypnotised by an experimenter. Profound hypnosis was rapidly induced by gazing at a bright object. From this state the patient did not completely emerge until the lapse of nearly four months. When brought to the Richmond Asylum he was in a stuporose condition, with eyelids blinking, nostrils expanded, lips pursed and tremulous, hands rhythmically striking the thighs, etc. Neuro-muscular hyperexcitability was subsequently noted, and still later Erlenmeyer's "contracture by antagonistic distension" developed. Throughout the period of stupor the patient was disturbed by a recurring visual hallucination—an old hag with "cruel and awful" features, and "bright and white" clothes, seemed to rush towards him and then stop at a little distance from him. This hallucination arose during the condition between sleeping and waking, and persisted for some time after associated delusions had subsided. Sleeplessness was successfully treated by the prolonged use of sulphonal. Recovery was complete at the end of five months.—*Brit. Med. Jour.*

INDICATIONS FOR OPERATION IN ULCER OF THE STOMACH.

Nissen (*St. Petersburger medicinische Wochenscrift*, No. 41, October, 1890). discusses the question of operative interference in cases of circular ulcer of the stomach, and relates a case from the clinic of Professor Unverricht. The patient was a man, aged 46 years, who had had the usual signs of an ulcer of the stomach since July, 1887. His disease progressed with the usual symptoms of violent pain in the epigastrium, vomiting of blood, and progressive wasting until September, 1889, when the symptoms pointed to perforation of the ulcer with commencing peritonitis. Professor Wahl thereupon opened the abdomen by an incision in the linea alba between the umbilicus and ensiform cartilage. There was no free gas in the peritoneal sac, and the stomach was easily made to present itself in the wound. Neither palpation nor inspection showed anything abnormal either in front or behind, and its serous coat was smooth and shining although rather too vascular. There was no peritonitis, however, and nothing to bear out on the clinical signs. The abdomen was closed, and the patient progressed fairly well for some days, but a month after the operation his temperature rose; there was pain in the abdomen, culminating in collapse, of which he died. The clinical diagnosis was that of a perforating ulcer of the stomach with consecutive peritonitis. An examination was made and the left lobe of the liver was ascertained to be adherent to the stomach, and when the adhesions were broken down, a small perforation was found in the front wall of the stomach. This hole had allowed the contents to escape into the peritoneal cavity. The stomach itself was hour-glass shaped, and had a large ulcer at its lesser curve and extending down the front where it had given way. In commenting upon this case Nissen points out that the indications for performing an operation, namely, perforation and commencing peritonitis, may not be fulfilled unless the lesser omentum be torn through and the hinder surface of the stomach explored with the finger. Nevertheless, should an ulcer be situated there, adhesions will often have been formed with the pancreas. A better means of diagnosing the position of ulcers seems essential to the successful performance of these operations—*Brit. Med. Jour.*

TROPHIC DISTURBANCES IN HYSTERIA

Under this title a lecture by Pitres appears in the *Progrès Médical*, (*Lancet* March 21), and the cases dealt with are five in number. The first is that of a young woman who, after a disappointment, suffered from some hysterical manifestations, and when she came under observation was suffering from œdema, confined to the left leg. The swelling was hard and resistant, and did not pit on pressure. There were contraction of the visual fields and hemianæsthesia. The knee-jerk on the affected side was diminished. A cure resulted after magnetisation. The next case referred to is one of paralysis of both legs, with complete flaccidity, which had come on suddenly after a miscarriage. There was anæsthesia of the legs, with loss of sense of position, and sinapisms on being applied provoked neither pain nor redness. There was notable lowering of the temperature of the affected limbs. The visual fields were contracted, and a complete cure was effected by brisk faradisation. The third case is one of wasting of the left hand and arm, which had commenced apparently some months after a wound inflicted in the pectoral region, so long ago as 1882. There was a characteristic *main en griffe*, wasting of thenar and hypothenar eminences, but the electrical reactions are said to have been absolutely normal. There was anæsthesia over the left arm and over parts of both sides of the chest and back. There were also anæsthetic areas on the head, and marked but almost equal contraction of the visual fields. This case was diagnosed as one of hysterical atrophy consequent on trau-

matism, but the subsequent progress is not reported. The fourth case was one of facial paralysis of the right side, with diminished electrical excitability, which recovered completely in a month; while the last one is that of a girl who had several attacks of paralysis, supposed to be hysterical, and who was said to have developed a bedsore in those attacks, and on one occasion to have had suddenly and painlessly several teeth drop out without apparent cause. It is evident that all these cases present anomalies, and to the English mind at least the acceptance of the diagnosis of hysteria in several is difficult. We are prepared to grant that all the patients were what we understand by hysterical, but we are not prepared to say that there was no underlying organic affection. A patient in whom there is ædema of the leg below the knee, with diminished knee-jerk, even if the visual fields are contracted, and there is hemianæsthesia, is not necessarily the victim of hysteria alone. We should say that that the probabilities were all the other way. Nor can we at all understand why facial paralysis with diminished electrical irritability of the muscles, and with all the classical appearances, should be called hysterical. The only apparent reason is that it occurred in a girl. The last case of all is related as one of trophic disturbance occurring in hysteria; but as the patient was not seen when she was paralysed, and as moreover the existence of the bedsore—the tropic disturbance referred to—was taken entirely on hearsay, and had left no cicatrix, we cannot see any sufficient reason for including it in the group of hysteria, far less for citing it as an example of trophic disturbance in that affection.

DANGER OF ADMINISTERING CHLOROFORM IN PRESENCE OF AN OPEN FLAME.

Dr. R. W. Amidon read a paper at the meeting of the N. Y. Academy of Medicine, March 9th, (*Med. Rec.*), on this subject. It had been suggested to him by an experience which he had had when assisting at an operation where pure chloroform was administered in a room in which several gas burners were lighted. After some minutes he began to suffer from a pungent, irritating gas which caused great irritation of the respiratory tract with severe coughing. The dry, irritating cough continued about twelve hours. Another person in the room suffered in the same way. In some published cases the same cause had produced further symptoms of nausea and vomiting. On investigation he had learned that the gas which produced this irritation was phosgene, produced by the decomposition of chloroform in the presence of a flame. While no cases had been recorded in which death could be traced directly to this source, the question suggested itself whether it may not have been the exciting cause of a fatal broncho-pneumonia in some cases after operations. It was disagreeable enough to the operator and assistants, and might prove a serious complication to the patient's malady. The danger was greater where much chloroform was used, the room low and small, and an open gas jet or kerosene stove was burning. The irritating gas did not develop in the presence of the incandescent light. Its formula was $COCl_2$.

DIRECT APPLICATION OF TUBERCULIN TO PULMONARY CAVITIES.

In a lecture delivered at Halle on February 18th, and published in the *Münchener medicinische Wochenschrift*, No. 8, 1891, Dr. Edmund Leser gives full details of two interesting cases in which he cut down upon, and laid open and emptied, large pulmonary cavities of tuberculous origin, with the object of treating the diseased portion of lung by the direct application of Koch's fluid. In each case the cavity was near the apex of the lung. Both the patients were adults. The results of the operation itself proved very satisfactory, and up to the date of the delivery of the lecture,

the patients, it is stated, had improved very much. In the first case, a 1 per cent. solution of Koch's fluid was applied to the inner wall of the exposed cavity by means of a brush. In the second case, solutions of increasing strength were injected three times into the cavity. In booth instances the application of the fluid was followed by well-marked febrile reaction, together with dyspnœa, pain in the affected region of the lung, and aggravation of the cough. There was also considerable increase in the amount of fluid secreted from the walls of the cavities. Dr. Leser holds that, in cases of advanced pulmonary tuberculosis, and when cavities have been formed in the diseased lung, Koch's treatment ought not to be employed until a free outlet has been established for the secretion, which is as a rule rapidly and abundantly poured out under its influence. In other parts of this important lecture Dr. Leser discusses the indications for incision of a pulmonary cavity, and describes the steps of the operation, pointing out the many difficulties and dangers the surgeon has to encounter when he finds it necessary, in exposing the apex of the diseased lung, to remove a portion of the first rib.—*Brit. Med. Jour.*

FŒTID MILK IN HUMAN MAMMARY GLANDS.

Dr. Jorissenne (*Archiv. de Tocol. et de Gynéc.*, Feb. 1891) had under his care in 1874 a patient of slightly tuberculous aspect, though now, in 1891, she is in good health. On October 5th, 1874, she was delivered by forceps. She suckled her child freely till December 7th, when she was absent from it for seven hours and a half. This space of time included a drive one hour long, five hours and a half walking, and one hour's rest for refreshment. Immediately on her return home she gave her child the breast. The milk was horribly fœtid—like rotten eggs. It made her feel ill, and her relatives could not stay in the same room with her. Yet the infant sucked with avidity; however, it was violently sick. Next day the milk was sweet, and the child and also the mother quite well. The breasts showed no sign of hardness, engorgement, etc. The nipples were healthy. The patient told Dr. Jorissenne that on several previous occasions she had noticed that when she delayed giving the child the breast at the usual times the milk became fœtid. Dr. Jorissenne had no further opportunity of observing this putrefaction of milk, as it did not recur. The patient was red-haired; but he has carefully examined the milk of many red-haired women since 1874, and failed to find that it showed any special tendency to putrefy or even to turn sour, in the open air or in a close room, more quickly than milk from a black or fair-haired woman. The avidity with which the infant imbibed the putrid milk was remarkable; its stomach was more sensitive than its nose and tongue. Evidence as to the acuteness of taste in the infant is imperfect. During the first few days of extrauterine life the sense seems undeveloped. The child will take solutions of raw salines without syrup, though a few weeks later is will reject the same compounds nicely flavored. The sense of sweetness is early developed. At the end of a few weeks an infant likes sugar, and dislikes cow's milk unless sweetened artificially. Children six months old, or older, will lick ill-tasting colors off their toys. The fact remains that, in Dr. Jorissenne's case, the child liked a milk that smelt intensely fœtid and must have tasted nasty, according to an adult's idea of taste.—*Brit. Med. Jour.*

EXPLORATORY AND CONFIRMATORY INCISIONS.

Lawton Tait (*Lancet*, Feb. 7, 1891), discusses the difference between exploratory and confirmatory incisions into the abdomen, aud points out their respective values.

An exploratory incision is one in which, having made every effort to make

an exact diagnosis, it is impossible to decide between two conditions, as for instance, between a fairly solid ovarian tumor and a soft, œdematous myoma. Under such conditions the operator must be prepared to do either an ovariotomy or a hysterectomy. It is, of course, evident that increased experience diminishes the number of these explorations. Tait does not make one now for eight or ten that he made some years ago.

Confirmatory incision, on the other hand, become more common with him. In all cases, when a conviction is forced upon him that the disease is malignant, he tells the patient so, but at the same time says that all such opinions are liable to error, and that a confirmatory incision is necessary to absolutely establish the diagnosis, since occasionally a case which seems to be certainly cancerous is not so. A corrective incision only can reveal the real nature of the affection. Such mistakes have occurred so frequently in his practice as to completely justify the practice of confirmatory incisions.

Medical Items.

A Bacteriological Laboratory has been established in connection with the Ontario Board of Health, with Dr. McKenzie in charge.

It is stated that there are over 100 women pharmacists in New York City, not one of whom, however, maintains an independant business.

We are glad to announce that we have secured Rev. Wayland D. Ball's valedictory address and will present it to our readers in our next issue.

Official notice has been given of the admission of women to the Edinburg Royal Infirmary, under certain conditions which are embraced under six different headings.

The Medical Department of the University of Virginia has decided upon the establishment of a summer session, beginning July 13, and continuing two months.

The seventh meeting of the International Congress of Hygiene and Demography will be held in London on Aug. 10-17, with the Prince of Wales as president.

Dr. M. Sternberg has found something new in human osteology. It is only a little hole in the sphenoid bone, which he calls the "canalis cranio-pharyngeus." It is best seen in the skull of a child four years of age.

After persistent effort on the part of the Richmond Academy of Medicine and Snrgery, the City Council has finally elected four physicians—one for different sections of the city—to attend the calls of the needy poor of the city who may be sick at their homes. The salary of each is $600 a year, beginning March, 1891.

The *Journal of the Arkansas Medical Society* wants to exhibit at the World's Fair some of the Arkansas doctors, together with some of their work; also a few hundred death certificates of persons who have died of absolutely preventable diseases, and whose lives would have been spared if there had been a working Board of Health to take charge of the public health.

The Virchow testimonial is assuming large proportions. The 70th birthday anniversasy of this great man occurs on October 13, 1891. The form the testimonial is taking seems to be wise and enduring, viz.: a large gold portrait medal to be presented to Prof. Virchow himself, while bronze replicas of the same will be given to members of his family,

and to a certain number of scientific institutions.

Scott County, Kansas, has but one physician, and he is now compelled to leave because of the following conditions: but one natural death has occurred during the past year; obstetrical cases and accidents happen but infrequently; and the atmosphere is so pure, and the people so generally healthy, that even an ordinary living cannot be made by one practicing the healing art. The population of the county is given at 1,260.

The next meeting of the Association of American Anatomists will be held at Washington, D. C., at or about the time of meeting of the Congress of American Physicians and Surgeons in September, 1891. The officers for that meeting are as follows: President, Joseph Leidy; Vice-Presidents, Frank Baker and F. D. Weisse; Secretary and Treasurer, D. S. Lamb; Executive Committee, Harrison Allen, Thomas Dwight and B. G. Wilder.

We are requested to announce that the first volume of the *transactions* of the Tenth International Congress comprising the general proceedings is now ready. Foreign members desiring to have it forwarded to them should communicate with Herr August Hirschwald, 68, Unter den Linden, Berlin, N. W. The postage to this country is 90 pfennigs. All inquiries should be addressed to the office of the Editorial Committee, 38, Jerusalemerstrasse, Berlin, S. W.

The secretary of the State Board of Medical Examiners of New Jersey, Dr. William Perry Watson, informs us that the Board's bill repealing the charter of the Medical and Surgical College of that State, has been passed by the Legislature and approved by the Governor. This is exceedingly satisfactory, and we believe that Dr. Watson is abundantly warranted in saying, as he does, that during the first year of its existence the Board has done something toward purifying the medical profession of the State and, by example, that of other States.

Surgical perfection has been attained in one direction, according to Dr. Stephen Smith, who says, speaking of the ligature of arteries: "To one who has been personally familiar with the painful anxiety with which the earlier surgeons watched their cases, especially at the period of the separation of the ligature, such language seems preposterous. But, fortunately, it is true. We have reached the happy era of surgery when to ligate an artery means to strengthen it at the point of ligation. We can ask no more. The improvements in this branch of surgical practice have attained—perfection."

The 84th Annual Commencement of the University of Maryland Medical Department took place Wednesday, April 1st at the Academy of Music. 88 graduates received their M. D. degree. The valedictory address, one of the best ever delivered before a medical class, was delivered by the Rev. Wayland D. Ball. In the evening at the meeting of the Alumni Association, Prof. Jarvis, of New York spoke on "Metropolitan Medical Life."

The banquet which followed was one of the most enjoyable in the history of the Association.

After the inner man had been satisfied the musical members of the Association, Drs. Hopkinson, Sanchez and Funck, entertained the assembly with beautiful songs, and were often and loudly called for. The evening was altogether a most enjoyable one and will long be remembered by all those that were present.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM MARCH 17, 1891, TO MARCH 30, 1891.

Leave of absence for one month with permission to apply for an extension of one month is granted Capt. Henry P. Birming-

ham, Assistant-Surgeon, to take effect upon arrival at Boise Barracks, of 1st Lieut. Robert R. Ball, Assistant-Surgeon U S. Army.

Major Passmore Middleton, Surgeon, is relieved from duty at St. Francis Barracks, Florida, and will proceed to Newport Barracks, Ky., and await further orders. The travel enjoined is necessary for the public service.

The leave of absence for seven days granted Captain J. VanR. Hoff, Assistant-Surgeon in orders No. 61, e. s., Fort Riley, Kansas, is extended 23 days

Lieut.-Col Charles R. Greenleaf, Assistant Medical Purvevor, will proceed to New York City, on public business. and thence to Boston. Mass., to represent the Army Medical Department at the American Association for Physican Education; and upon the completion of the duties contemplated will return to his station in the city.

First Lieut. Eugene L. Swift, Assistant-Surgeon, now on duty at Fort Thomas, Arizona, will report by letter to the commanding officer Fort Grant, Arizona, for duty at that station or at Fort Thomas, Arizona, as the commanding officer may direct.

The retirement from active service this date, by operation of law, of Captain Henry Johnson, medical storekeeper, under the provisions of the act of Congress approved June 30, 1882, is announced.

The leave of absence granted Captain Robert J. Gilson, Assistant-Surgeon, in S. O., No. 232 A. G. O. Oct. 3, 1890, from this office, is extended one month

Leave of absence for one month on Surgeons certificate of disability, is hereby granted to Major Henry R. Tilton, Surgeon U. S. Army.

Major John H. Bartholf, Surgeon. now on duty at Plattsburgh Barracks, N. Y., will proceed to Fort Wayne, Mich., and report in person to the commanding officer of that port for temporary duty.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING MARCH 21, '91.

Medical Director C. J. Cleborne detached from Naval Hospital, Norfolk, Va.. and to Naval Hospital, Chelsea, Mass.

Medical Inspector T. N. Penrose ordered in charge of Naval Hospital, Norfolk.

P. A. Surgeon John M. Steele detached from coast survey steamer Bache, and granted three months leave of absence.

Surgeon James H. Gaines placed on the retired list March 18, 1891.

Surgeon M. L. Ruth granted a month's leave from April 2 next, with permission to leave the United States.

P. A. Surgeon Howard E. Ames promoted to Surgeon, Mar. 19, 1891.

P. A. Surgeon Stephen S. White ordered to the U. S. S. Baltimore.

Assistant-Surgeon George McC. Pickerell promoted to P. A. Surgeon, March 25, 1891.

Surgeon Wm. Martin ordered to Naval Rendezvous, San Francisco, Cal.

Medical Inspector C. H White appointed Fleet Surgeon Pacific Station.

Assistant-Surgeon H. N. T. Harris ordered to the U. S. Rec. Ship, St Louis.

P. A. Surgeon George McC. Pickerell ordered to Naval Hospital, New York.

P. A. Surgeon C. W. Rush ordered for duty with Inter-Continental Railway Commission.

P. A. Surgeon F. N. Ogden ordered for duty with the Inter.Continental Railway Commission.

Assistant-Surgeon James H. North, Jr., ordered to the Navy Yard, New York.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING MAR. 14, 1891.

Surgeon W. H. Long, granted leave of absence for seven days, March 13, 1891.

Surgeon H. W. Austin, to proceed to Baltimore, Md., for special duty, March 14, 1891.

Surgeon John Godfrey detailed as Chairman of Board for physical examination of officer of Revenue Marine Service, March 4, 1891.

P. A. Surgeon C. E. Banks, to proceed to Boston, Mass., on special duty, March 7, 1891.

Assistant-Surgeon T. B. Perry, leave of absence extended 30 days, March 13, 1891.

Assistant-Surgeon E. R. Houghton detailed as Recorder of Board for physical examination of officers of Revenue Marine Service, March 4, 1891.

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CONTENTS

ORIGINAL ARTICLES.

Valedictory Address. By Rev. Wayland D. Ball. 507

SOCIETY REPORTS.

Gynæcological and Obstetrical Society of Baltimore. February Meeting. Occlusion of the Os Uteri during Four Days Parturition. The Induction of Premature Labor in Contracted Pelves. 517

EDITORIAL.

Trained Nurses. 520

The Barking Cough of Puberty. . . . 521

OBITUARY. 523

CORRESPONDENCE.

Idiosyncrasy to the External Application of Iodine. 524

REVIEWS, BOOKS AND PAMPHLETS. . . 524

HOSPITAL REPORTS.

Presbyterian Eye, Ear and Throat Charity Hospital. Monthly Report for March. . . 526

MEDICAL PROGRESS.

Co-existence of Scarlet Fever and Chicken-Pox. 526

MEDICAL ITEMS. 527

Original Articles.

VALEDICTORY ADDRESS.*

BY REV. WAYLAND D. BALL.

Mr. Chairman, Members of the Faculty, Graduates, Ladies and Gentlemen:

If troubles, as they say, do not come singly, neither do honors, sometimes. It was but a week ago, two days since, that by some chance I acted as valedictorian for the oldest Dental College in America. To-day I find myself about to perform the same office for the oldest Medical College in Maryland, and the fourth oldest in the United States.

These double honors piling like Pelion on Ossa, upon me, in such swift succession, make me feel that after all I have not lived in vain. I find the words of Simeon of old upon my tongue's end, "Lord, now lettest thy servant depart in peace since he has lived to enjoy this double honor." And before I am done speaking I doubt not that you will all enter with me into this prayer, saying "Yes, Lord let him depart. And so far as we are concerned he shall depart in peace. We will make no fuss over his going. And if we have not mistaken the direction he will take, Lord, there is a trap-door on this stage at your service, and a man to work it."

There are, Mr. Chairman, certain things which predisposed me to the acceptance of the invitation to be, though I cannot say they entitled me to the honor of being chosen valedictorian for your University upon this your 84th Annual Commencement. I am not forgetful of the fact, though I cannot say I have any vivid remembrance of it, that the first thing I ever saw in this world was a doctor, and if I have made my calling and

*Delivered at the 84th Annual Commencement of the University of Maryland Medical Department, April 1st, 1891.

election sure, the last thing I will see in the world to come will be a doctor. It was a doctor that helped me into this world; a doctor will help me out of it. If that isn't enough to make a man grateful and disposed to do anything a doctor asks him to do, I can't imagine any stronger inducements than these being proposed as reasons for action. The doctor who proposed to me this honor was not slow to use these considerations for all they were worth. Being a sensible and appreciative creature I accepted them as irresistible and irrefutable. Then too, there has always existed a bond of fraternal sympathy between the medical and the clerical professions. You doctors kill the people and we bury them. A most admirable and equitable division of labor is this. The only change or improvement I would suggest is that there be a more equal division of the profits of this business. I have known men to pay without a murmur, nay even with an impressive readiness, a doctor as much as two hundred dollars for killing a mother-in-law, while I have gotten out of the transaction no more than a cold in the head and a free ride in an old hack. Furthermore I have always been a great hand for taking medicine. During the first three years of my eventful life I took enough of Mrs. Dr. Winslow's medicine to float a hippopotamus. I have too, always been a great hand for taking diseases. I have had the disease of the scalp for which the doctor always recommended a fine comb, and that skin disease for which they prescribed an ointment of lard and sulphur. Don't be alarmed gentlemen, that was a long time ago. I have not had the leprosy or the plague, but that's about all I have not had. I still have some symptoms, however, and am anxious to have them treated.

I have observed that it is the universal habit of valedictorians, from which I may not rudely depart, to preface the valedictory itself with remarks bearing in no sense upon it. In fact, the more foreign the preface is to that which follows the more effective is the valedictory thought to be. It was our wont in College days when visited with this honor by way of introduction to the valedictory proper, festively to fresco the "corridors of time" and give the "labyrinth of the ages" a coat of vermillion; to fry Greece in her own fat until she looked like an overdone doughnut, and make Rome, as though it were an easy thing for Rome to do, to *set* on her seven hills. It wasn't our fault that Rome didn't hatch those hills.

Feeling therefore that I must bow to a custom whose demands age has made imperious, I have after much debate and thought decided to preface my valedictory to the graduating class with a few remarks upon the subject of bactoriology. The insinuating, and compassionate and skeptical smile, Mr. Chairman, which though swift as a passing beam of light played upon the countenances of the members of the Faculty just as I announced my determination to speak upon this subject has not as you may have thought escaped my observation. For your sake I pass by the insult; I can in fact afford to ignore it. They think I am getting out of my latitude and plunging beyond my depth. Let them speak after I am done, for then I am sure that they will come to me and apologize for their bad manners and unverified judgment. They will say to me, if they be true gentlemen: "Sir, we perceive truly that what you do not know about the subject of bacteriology bids us welcome you and hail you as a worthy associate and peer of Koch, Flügge, Trouessart, Cheyne, Pasteur and Prudden." Though I have since taking up this subject been completely absorbed by it, I cannot say its pursuance has made me happy. No, as Cardinal Richelieu said after a midnight supper of Welsh rare-bit, "I am not happy." I would in fact give anything for that estate of blissful ignorance of this subject in which I lived until some few months since. But like the moth that circles about the flame that consumes it, so I, fascinated by the horrors I have discovered do yet pursue

them though I know the issue of my pursuit is to be swift and shortly fatal. With me, for the hour, and as I believe for the brief remainder of my days bacteriology has usurped the place that theology was wont to hold in my mind, for knowing what I do about bacteriology I see no further use for theology.

My trade's up; I've drawn my last month's salary. You doctors are going to coin money for the next fortnight. But then your game will be up too. For knowing what I do about bacteriology I can announce with all the decision and precision of an astronomical calculation that this planet cannot possibly have on it a living human being by the 15th of this month. Talk about the blessings of knowledge, I'll be blessed if I don't wish I was ignorant as a Hottentot.

Now I am not an alarmist neither am I an adventist; I am simply speaking what I know and what these doctors will confirm with their testimony if they know as much about bacteriology as I do. For example, you have all seen the magician stand forth upon the platform and do the trick of apparently snatching coins from the impalpable air. But we know that he does not really do this. It is a mere bit of sleight of hand performance. But if I stretch forth my hands so and so clutching at the air, what do I get from it; nothing? Would to heaven I did get nothing! But I get something. Yes, and I get a great deal of that something. I open my hands before you and you say. "But we see nothing save your beautiful and spotless palms." You say this because you know nothing of bacteriology. But imagine yourselves ladies and gentlemen, as enjoying the privilege of looking into my palms through a microscope magnifying 1,000. In that case you would not, you could not say my palms were empty; for you would see there fairly piled up, filling the spaces between my fingers, hanging from their tips and from the underside of my hands like swarms of bees, millions upon millions of deadly bacteria of various shapes and varied virulency. It is this minute, here indoors, even in this vitiated atmosphere raining these bacteria harder than it rained locusts and frogs in Egypt. Don't raise yours umbrellas, that would do no good. You might cork yourselves up in glass bottles and still it would still rain bacteria on you. And these bacteria are incarnations of all the deadly maladies known to the human race.

No use, you cannot get away from them. The best air you can get is alive with them; the best water ou can drink is swimming with them. The most carefully prepared food youcan eat is saturated with them. The best clothes you can wear covered with them. Think of it! One of these bacteria can reproduce its kind at the rate of over 10,000 a minute. In five days, and I am giving official figures now, a little rod-like bacterium measuring 1-1000 of an inch would make a mass that would fill as much space as is occupied by all the oceans, supposing them to average a depth of one mile. Dr. Prudden in his horrible article in the April *Harper's Magazine*, on "Glimpses of Bacteria" says: "It has been calculated that a single germ, if kept under favorable conditions, might at the end of two days have added to the number of the world's living beings 281,500,000,000 new individual bacteria. In fact if this sort of thing went on for a few weeks unhindered there would be very little room left on the earth's surface for any other forms of life." Think of it, I say! These bacteria only ask that one of their kind be allowed to have his own way for two days, and for every human being on this planet he will generate 280,000,000,000 of his kind. Now what show, I ask, has a white man who lives on a small salary, what inducement to even think of trying to enter into any competition with this geometrically progressive race. He's discouraged, hopelessly discouraged from any such attempt. Like the red man of the forest he weeps and says "My race is doomed." We have legislated against Chinese emigration. We grow grave in considering the evils that are to succeed to an unrestricted emigration of Irish and

Italians to our shores, but, sirs, more of these pestiferous bacteria are contained in a pint of baker's yeast than will either come to or be born upon our shores of Chinese, Irish and Italians in the next million years.

If, therefore, Congress would put an end to the undignified spectacle of, as it were, straining at a gnat and swallowing a camel, let them cease to trouble themselves about the dangers to be provided against as respects foreign emigration, and address themselves to the real and iminent problem of the hour, of how some check may be put upon the multiplication of bacteria, these insidious assassins that insinuate themselves into the sacred precincts of our American homes.

I know that Dr. Prudden. the eminent bacteriologist to whom reference has been already made, makes a show of reassuring himself and the public against the issue I have prophecied must take place within a fortnight at the very farthest, by saying that under *favorable* conditions it might come about that these bacteria would multiply until they had taken all the room there is in this world and consumed all the carbon, hydrogen, oxygen and nitrogen which is available for life purposes, and man in sheer self-defence and preservation be compelled to shift his quarters to some other world. But the question is, are not the conditions favorable for this very event? Are there at least not more conditions favoring this event than there are conditions unfavorable to it? I think so, and if Dr. Prudden were as deeply read in bacteriology as I am, I am sure he would agree with me. For I gather from so eminent an authority as Flügge that there are but the fewest conditions and these for the most part merely local that are not favorable to this monopoly of the world by bacteria. They seem alike indifferent to the extremes of Climates and of seasons. They are to be found in all zones, and in them all the same frisky, fruitful fellows. Whether it be summer or winter matters not to them. They get on just as well when the duck pond is frozen solid as when it is made warm and green-scummed by the heat and moisture of dog-days. When the weather is dry they go traveling world-wide in innumerable companies each million of them taking an atom of dust as Pullman Palace Car and the wind for locomotive. Wet weather suffices to change their habits but it does notdampen their ardor one whit. In wet weather they settle down, for they know enough to go in out of the rain; they settle down in the soil and every thing else, breeding meanwhile with inconceivable rapidity, so that by the time the next dry spell comes, they are ready with a devastating army infinitely developed rather than in any sense depleted by its camp life. Now what chance I say, does the human race stand in a fight against so hardy and so numerous, and productive a race as this? None whatever. They are harder to kill than cats. If a locomotive were to run squarely over the head of a cat it would nine times out of ten either kill or disfigure the cat. But one of Baldwin's biggest locomotives might back to and fro for all day lengthwise over a bacterium and the little thing wouldn't mind it any more than puss does having her back stroked. Like puss Mr. Bacterium might have some little choice as to which way he preferred the locomotive to go over him, whether forwards or backwards, or crosswise. But as for causing him any real discomfort or in anywise endangering his life, not a bit of it. So, I say, the human race stands no show at all in a war against bacteria.

But you ask, are there no means by which you can kill these bacteria? Yes you can sterilize things. "Well then, say you, let's sterilize things, at once." How do you do it? Let us avert or at least postpone the impending destruction. I am with you heart and hand in your desires, but there are difficulties in the way. You will remember that I said that there were certain conditions

that might be produced that would really be unfavorable to the life of bacteria, but these conditions could be produced only locally. You might, for instance sterilize yourself, that would be local sterilization. But as for sterilizing a whole planet, nothing short of a syndicate could do that But I can understand with what impatience you ask and wait for my answer. "Tell us," say you "Tell us, without delay how we may sterilize ourselves and to that extent, at least rid the world and ourselves of these vampires."

The prescription is simple and inexpensive, though I forewarn you the relief is only temporary and I give it to you without any charge, as one who has the health of his fellows at heart. It is this: Have some one put you in a pot with a lid to it, cover you all over with water and boil you, for not less than one hour over a hot fire. That, but nothing short of that much boiling will kill the bacteria that are on your person. The process employed by Nebuchednezzar to sterilize the three Hebrews was more expensive, but not more effective than the boiling process just described. He. as you remember, in order to be sure that the bacteria were all killed heated the furnace seven times hotter than it was wont to be heated. But as I said this remedy affords only temporary relief, for no sooner had Shadrach, Meshach and Abednego cooled off than new colonies of bacteria at once settled down on them. Yes, there are two other prescriptions which will prove effective germicides as they are called. A half hour full bath in carbolic acid or corrosive sublimate will discourage bacteria for a period at least. But as you say a man cannot attend to his business and spend most of his time in a pot of boiling water or in a bath of corrosive sublimate. I know that, and so I repeat, man stands no chance against bacteria. The world cannot possibly support human life longer than another fortnight.

These bacteria too are such uncanny creatures as to their natures and shapes. Take one of the species known as the "Amœba it has no lungs yet it breathes, no mouth, still eats, no definite shape, yet grows, no nerves, yet it is sensitive, no sex, yet may give birth to endless progeny." They take on such weird shapes too, some are rod-shaped like a lead pencil, others spherical or ovoidal, like a billiard ball or an egg, yet others spiral shaped like a corkscrew. I have been told that the corkscrew and egg-shaped varieties are prime favorites with the faculty and students of physics in the Maryland University.

They are too mischievous little rascals, getting into everything and getting everybody save themselves, into trouble. Is your milk thin and blue, don't blame the poor milk man for skimming and watering your milk. Prudden says it's bacteria. Is your butter or beer, or wine bad? It's bacteria. Servants have had their wits frightened out of them by going into the cellar at night and seeing a light, but it was not spirits. It was a few billions of phosphorescent bacteria feeding on the sausages. There used to be a miracle wrought at Rome called the miracle of the "Bleeding-Host", but it was no miracle. For Prudden tells us that the Priests hung the Host over night in the damp Italian air during which time blood colored bacteria settled down upon it in such numbers as to give it a blood stained appearance. I would not be in the least surprised to hear it shortly announced, attended with demonstration, that it was not depravity at all that was the matter of Adam and Eve and the occasion of their fall, but bacteria. Bacteriology has without question, bearings and aspects that are theological, and for this reason I am so devoted to its study. It certainly suggests the use of purgatory hereafter as a means of sterilization. But will you believe me, ladies and gentlemen, will you believe me, that in spite of all I have told you of these bacteria and the complete disaster with which they threaten the human race, that there are some men in Europe and even in

this country who are in no better business, nay who are engaged in the fiendish business of cultivating these bacteria, we might say boarding, clothing and educating these bacteria. Dr. Prudden has in what he calls his laboratory in New York, but what I call his Death's Menagerie, bacteria that are cultivated enough to belong to a Boston Browning Club. Will you believe me, that a member of this Faculty spent no less than three months last winter in New York at Bellevue Hospital cultivating typhoid bacteria? Tell you his name? No, out of pity for him I withhold it from you. He is not ready to die. Besides I would not convert this commencement occasion into one of mob violence. You will perhaps remember that last fall we suffered from what was almost an epidemic of typhoid fever. You now know the reason, and still do I withhold his name. He prospered during this period, more than we did. A fair division of profit will, I may here tell him, have a tendency to seal my lips from further mention of this matter. These bacterial agriculturists take the pains to kidnap whole colonies of bacteria. They facetiously call it going a fishing. They always have good luck too. They prepare delicate and tempting bait in the shape of a plate of gelatine flavored with sherry, which they set out of doors with a pitcher of good cream by the side of it in case any of the bacteria prefer cream on their gelatine and then wait a few minutes. And in a few minutes they have a good string I can tell you. Its even more successful than gudgeon fishing. Then they take their catch into their University for bacteria and classify and proceed to educate them. Dr. Prudden has a fine school of them. Some of them are foreigners. It's one of his favorite and he thinks, smart tricks to invite some member of his club who is always dry to what he calls his laboratory and introduce him to a number of great glass jars and tubes conspicuosly labelled. First explaining to his friend, who during the explanation grows gradually more and more horrified, all that I have explained to you, and then pointing to his menagerie he says laughingly and pointing to his cabinet, and now what do you want? Speak up. How would you like a pneumonia punch? No? How does a typhus half and half strike you? A diphtheria cobbler then? O, but here is something good, taking down the jar and patting it affectionately, here is some fine old hydrophobia Pasteur's vintage of 1875. Well, I must say you are hard to suit Then try a tuberculosis cocktail. Too slow you say? That's a fact. I had'nt thought of that. O, I might have known an old toper like you wants an Asiatic Cholera straight. No? Why old boy, what a teetotaler you are getting to be! But I can't let you go away in that fashion. Come, here's something nice, take a little of this home to your wife, won't you? The subject of this huge joke as Prudden deems it here smiles after a ghastly fashion and asks "Well what is it?" "O, some more of my case." We call it wine of tetanus. What will it do to her?" He asks. Then Prudden leans over and bellows confidentially in his friend's ear, "give her the lock jaw, come I know you'll take along some of this."

Think of a man being allowed to keep such a menagerie as this, and that too in the heart of a city like New York. Suppose and there's nothing extravagant in the supposition, suppose Prudden's baby should get at his collection some of these days, and open, say that cage of Asiatic cholera, or what is still more likely and almost certain to happen sooner or later, he should drop the glass cage containing these cholera bacteria, why a mad elephant or Barnum's whole show let loose on Broadway would not create half the consternation and certainly nothing like the same amount of loss of life. Why he has enough death bottled up in any one of his jars to depopulate the globe within 48 hours. The only safe thing to do is for municipalities holding men devoted to the cultivation of bacteria to banish

them to some of the uninhabited planets, Mercury will do.

To pass, however, from a jesting to an altogether serious estimate of the facts I have been presenting in no very precise, but in an altogether popular way, it cannot be denied that never in the whole history of medical science has there been such splendid advancement made, never did there open up before it so splendid a prospect of discovery as has since the announcement and final and recent demonstration beyond peradventure that certain diseases of which people have stood in terror and physicians have hitherto been almost helpless to combat are the result of specific animal organisms that have found lodgment and entertainment in the human body, organisms which medical science has designated by the generalized name of bacteria. Where you have hitherto groped with blinded eyes you now walk with eyes open. To know the cause of a disease is to have made no mean step towards the discovery of a cure for it. This you have discovered respecting some of our deadliest diseases. You are learning the nature and habits of the creatures causing these diseases, you are learning upon what and under what conditions they subsist. You know what keeps them alive and you are learning what will kill them, so that now such diseases as cholera, consumption, fevers, these three persistent and effective drummers for death and the grave, you at last have almost in hand. The question is no longer what they are and how they live, or how to destroy them, but how to reach and destroy them after they have once entered the human organism. Certainly, having gone so far as to discover both cause and cure of these you cannot fail of at length discovering a safe application of this cure to human victims. I congratulate you graduates upon the fact that you are entering upon your lives as doctors in the bright and promising morning of a day that promises to be fraught with unheard of blessings of life and health which fall to your lot to bestow upon your fellows. The profound and awful mysteries of life so fecund and boundless are being opened to you as never before. The microscope under the patient eye and skillful hands of a few masters in your science has discovered to you a really new universe of infinitesimal life not less wonderful, scarcely less vast and not less populous than that infinite universe which the astronomer's telescope has brought within the range of human vision. You are being taught as never before that life broods and breeds beneath every leaf, in every grass tuft and upon the petals of every flower, in the wind and in the dust cloud, in the shadow and in the sunbeam, in the rain drop and the hail, in the snow and in the vapor. In short you are being taught that all nature visible and invisible, infinitesimal and infinite is but one splendid and unceasing act of procreation.

But, I trust gentlemen, that you have not rested your meditations and your wonderings even here. I trust that you have been driven by the suggestive logic of these facts and that ever inquiring spirit that belongs to scholarship to ask yourselves the question whence this all enveloping disposition to and necessity for creation, this vast conspiracy of nature to this end? Whence this disposition and possibility of cell to build to and evolve itself from cell, of tissue to build to tissue, organism to reproduce its kind; this passing from the single to the double, from the simple to the complex, from the vegetable to the animal, from animal to the human, from force to thought, consciousness, reason and sense of moral obligation and of spiritual nature. This say you is all spontaneons? This will hardly do. Science herself says this will hardly do. Reason resents so presumptuous a hypothesis as this. Were any of you to see a ball or an arrow speeding through the air, though you saw no one, you would yet rightly reason that some hand started them on their way, and that they will continue their way only for so long as the force originally given them remains unspent. It may be because I am simple and undiscerning, but for the

life of me I cannot see why it is less reasonable or probable that behind this original and infinitely sustained impulse to procreation there stands a Creator, Who lives and moves in constant touch with Nature. I here venture to quote from Wallace, the peer and contemporary of Darwin in all of his wonderful discoveries and announcements, some words contained in the last chapter of his recent notable work entitled Darwinism.

"It will, no doubt, be urged that the admitted continuity of man's progress from the brute does not admit of the introduction of new causes, and that we have no evidence of the sudden change of nature which such introduction would bring about. The fallacy as to new causes involving any breach of continuity, or any sudden or abrupt change, in the effects, has already been shown; but we still further point out that there are at least three stages in the development of the organic world, when some new cause or power must necessarily have come into action.

"The first stage is the change from the inorganic to organic, when the earliest vegetable cell, or the living protoplasm out of which it arose, first appeared. This is often imputed to a mere increase of complexity of chemical compounds; but increase of complexity with consequent instability, even if we admit that it may have produced protoplasm as a chemical compound, could certainly not have produced *living* protoplasm,—protoplasm which has the power of growth and of reproduction, and of that continuous process of development which has resulted in the marvellous variety and complex organization of the whole vegetable kingdom. There is in all this, something quite beyond and apart from chemical changes, however complex; and it has been well said that the first vegetable cell was a new thing in the world, possessing altogether new powers—that of extracting and fixing carbon from the the carbon dioxide of the atmosphere, that of indefinite reproduction, and still more marvelous, the power of variation, and of reproducing those variations till endless complications of structure and varieties of form have been the result. Here, then, we have indications of a new power at work, which we may term vitality, since it gives to certain forms of matter all those characters and properties which constitute life.

"The next stage is still more marvellous, still more completely beyond all possibility of explanation by matter, its laws and forces. It is the introduction of sensation, or consciousness, constituting the fundamental distinction between the animal and vegetable kingdoms. Here all idea of mere complication of structure producing the result is out of the question. We feel it to be altogether preposterous to assume that at a certain stage of complexity of atomic constitution, and as a necessary result of that complexity alone, an ego should start into existence, a thing that feels, that is conscious of its own existence. Here we have the certainty that something new has arisen, a being whose nascent consciousness has gone on increasing in power and definiteness till it has culminated in the higher animals. No verbal explanation, or attempt at explanation—such as the statement that life is the result of the molecular forces of the protoplasm, or that the whole existing organic universe from the amæba up to man was latent in the fire-mist from which the solar system was developed—can afford any mental satisfaction, or help us in any way to a solution of the mystery.

"The third stage is, as we have seen, the existence in man of a number of his most characteristic and noblest faculties, those which raise him farther above the brutes, and open up possibilities of almost indefinite advancement. These faculties could not possibly have been developed by means of the same laws which have determined the progressive development of the organic world in general, and also of man's physical organism. These three distinct stages of progress from the inorganic world of matter and motion up to man, point clearly to an

unseen universe—to a world of spirit, to which the world of matter is altogether subordinate.

I have heard, gentlemen of this graduating class, that some of you call yourselves atheists. But I do not believe all that I hear. I am certainly disinclined to believe this rumor. I certainly do not believe that any of you really are atheist in a sense any more serious than the member of the French Assembly who said, he thanked God that he was an atheist. I can easily understand how a man can believe in many gods, but not how it is possible, constituted as he is, and with the facts that obtrude themselve upon him to believe there is no God. Every man, I believe, has some shrine before which he sometimes bends the knee. And whoever, has a shrine is not really and absolutely an atheist. That shrine may be some truth, or some influence, or some spectacle, or some living creation, it may be before some beautiful woman. In any event, he is a worshiper and no worshiper is an atheist. You say you believe in no god save Force. Then is Force your god. Endow your Force god with a mind of infinite intelligence and a nature of infinite love, and you have the same God before which your humble servant is proud to bend the knee. But if any of you do call yourselves atheists, I am sure you will have too much sense to tell any of your patients, that you are. For when a man is sick you know even a poor, ignorant, erring parson is more acceptable to him in most instances, than is the man who though polished and learned, alleges himself an athesis.

This thought leads me to say a word in conclusion upon another and a progressing branch of medical science, namely: that of moral therapeutics, which branch if allowed its proper place, in your thoughts and appreciation must tend to modify the convictions you have gained by a too exclusive devotion to the merely physical study of your science. No better antidote for the common tendency amongst your craft to materialism can be found than in giving a fair proportion of your time to the study of the phenomena, or noumena, rather, to be observed in a study of Moral Therapeutics. Here you will be reminded of the fact, that you cannot account for life, in any of its manifestations upon the theory of correlated forces; that the chasm between mind and matter yet yawns abysmal and bridgeless; that no series or combinations of molecular movements on the part of the brain can account for sensation, for consciousness.

Here you will be taught to associate in your studies of physiology an equally exhaustive study of psychology. You will betimes leave the lifeless body with its dissected parts and make excursions into the regions of thought, will, character, where you will find adjustments even more wonderful and sensitive than those you have found from anatomy. You will here learn that the logical order is from mind to matter rather than from matter to mind, for the mind is oftimes the key to the physical condition of the body. For it is not less frequently true that bodily ailments are produced by mental and moral diseases than is it that mental and moral diseases are caused by bodily ailments.

Moral therapeutics will teach you that there are patients whom you will best, and in fact can only rationally treat, not by asking to see their tongues or feel their pulses, but by examining into their mental and moral states and experiences.

Many of your post-mortems will be farcial, if you ignore this branch of medical sciences; you may rummage among vicera and examine tissues, look for lesions and explore every vessel, follicle and cavity, take note of colors and weights, and yet may you miss the real cause of death. From these you may have to go farther and rise higher in your science. There may have been mental and moral perplexities and ailments which have not left their traces upon the body that lies upon the table.

Was not the physician in Macbeth's household after all, under the circum-

stances, a better doctor than you would be in the same case, if you ignore this department, when he said to the nurse after observing Lady Macbeth's gestures and hearing her melancholy speeches spoken in her sleep. "More needs she the Divine than a physician." And did not Macbeth truly divine the true nature of his malady and rightly pronounce upon the futility of medicine in his case when he asks his doctor—

"Canst thou minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written trouble of the brain,
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
That weighs upon the breast?"

Ignore moral therapeutics and I defy you either to understand or to prescribe for a case like that of Lord Hamlet's step-father who thus describes his malady.

O, my offence is rank, it smells to heaven;
It hath the primal eldest curse upon 't,
A brother's murder! Pray can I not
Though inclination be as sharp as will;
(And yet) What if this cursed hand
Were thicker than itself with brother's blood!
Is there not rain enough in the sweet heavens
To wash it white as snow?
Then I'll look up:
My fault is past, but, O, what form of prayer
Can serve my turn? Forgive my foul murder!
That cannot be, since I am still possess'd
Of those effects for which I did the murder.
. . . .
May one be pardoned and retain the offence?
In the corrupted currents of this world
Offences guilded hand may shove by justice
. . But 'tis not so above.
There is no shuffling; there the action lies
In his true nature; and we ourselves compelled
Even to the teeth and forehead of our faults
To give in evidence. What then? What rests?
Try what repentance can; What cannot it not?
Yet what can it when we cannot repent?
O wretched state! O, bosom, black as death!
O limed soul; that straggling to be free
Art more engaged! Help, angels, make assay!
Bow, stubborn knees! and, heart with strings of steel.
Be soft as sinews of the new born babe
. ."

Here, gentlemen, we have a case, where you will do well to throw your physic to the dogs. You may have just such cases, not of the same gravity perhaps, but belonging to the same catalogue. How are you going to treat them? Abandon them? That is not manly to say the least. Nor will it be anything less than quackery for you to treat such cases as you do fevers, consumptions and diseased livers.

"Many physicians of extensive practice," says a noted Parisian doctor "are destitute of the ability of searching out and understanding the moral causes of diseases; they cannot read the book of the heart; and yet it is in this book that are inscribed day by day, and hour by hour, all the griefs and all the miseries and all the vanities, and all the fears, and all the joys, and all the hopes of men, and in which will be found the most active and incessant principle of that frightful series of organic changes, which constitute pathology."

How are you to acquire this ability without which no man can be a physician in the highest and fullest sense? It will not be by shutting your eyes to all save the material forces in this universe. It will not be acquired, I can assure you, gentlemen, by that doctor who boasts that he is an Atheist, or who feeds his

mind upon that which tends only to bolster him up in such belief. On the other hand I believe that it would really assist you to an intelligent understanding and treatment of these moral ailments of the race and thus to a more ideal discharge of your functions as doctors to study well, it matters not how critically the life, character and methods of a first century physician, whose name with some of us, stands high above every other name, who in his practice cured not only sick bodies, but souls as well.

Time and again will you meet men and women in your rounds of service who are dying of broken hearts, on such occasions spare them medicine, they are starving for sympathy;—do you console them?—they will whisper as the mists gather before their eyes and the fog rises in the throat: "I am sick in my very soul. I fear I shall not be well yonder," you know very well you are helpless here for anything your skill can compass.

But here you may serve them in death, as you never have in life. Gentlemen, I care not what you believe, but I charge you not to forget in that hour as you would honor your craft and be true to your dying fellows, that you kindly and devoutly tell them in such awful hour, that for these wounds of the soul, you yourselves know, or else have heard from those whose word you can trust, there is in Gilead a balm, and for their sickness in Gilead a Divine physician.

Thanking you, gentlemen of the graduating class for your patience, in the name of the University of Maryland, I congratulate you upon your honorable records and upon the receipt of your well earned diplomas, and in the name of this University of Medicine bid you good-bye and God-speed.

An order has been placed with a German firm of glass manufacturers for one million tubes of particular form and extra quality of glass, to be used for the general distribution of the now famous "lymph."

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

FEBRUARY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Neale reported the following case of

OCCLUSION OF THE OS UTERI DURING FOUR DAYS PARTURITION.

Mrs. K. W., aged 26 years, white, primipara. Past history unimportant. Last menstruation early part of April, 1890. Pregnancy normal up to Nov. 16, 1890, when she slipped and fell violently on her right side on the sidewalk. There was no vaginal discharge at the time and no discomfort except from the jar, bruising, &c., and the patient was up and about all the time. No movements of the child were felt after the fall.

About Christmas 1890 an offensive yellowish vaginal (uterine) discharge occurred and continued for one week.

On the night of January 12th, 1891, her first labor pains began and were so severe as to require morphine given by her attendant. There was no "show" or discharge of any kind. The pains increased and the patient was suffering severly when I saw her for the first time, Friday evening, January 16, 1891. She was a large, well-built and well-nourished woman.

Could not distinctly map out the child by abdominal palpation. By auscultation gurgling over the entire uterine tumor, and not a trace of fœtal heart sounds could be heard.

By vaginal examination, very short and small vagina, no cervix and no os. A continuous layer of mucous membrane, flush with the vaginal walls closed over

the entire vault of the vagina, and a little dimple in its centre was the only indication of where the os ought to be. . .

Patient chloroformed, placed in position, hand passed into vagina, finger pressed firmly against the dimple when it suddenly yielded or burst open like a membranous web permitting a gush of *not* foul smelling bloody water to escape and at once the rapidly enlarging outlines of the os could be felt, then about as wide as a silver half dollar piece. The soft bagging scalp and loose cranial bones came down upon the enlarging os and as the expulsive efforts were almost *nil*, I grasped the head with a Simpson's cranioclast which tore away, and then the blades of a Tarnier basiotribe were adjusted over the head and neck, and a thoroughly maccerated but not decomposed or foul small child was easily extracted; perineum intact, os fissured slightly. Small placenta expressed within six minutes. Considerable post-partum hemorrhage, uterus acting feebly. Os remained open about size of silver half dollar piece thick edges, uterus rather small, but not firmly retracted. Two quarts of a hot intrauterine 1-4,000 bichloride douche were injected. Patient rallied well and debarring an occasional slight rise of pulse and temperature and faintly fœtid lochia which readily yielded to the antiseptic douche, the puerperium was uneventful and recovery complete. This case was a novel one to me. I am quite sure the membrane I felt was mucous and not the amniotic sac, nor do I think the case should be classed among those of cervical occlusion or stenosis from endotrachelitis.

Dr. J. Whitridge Williams read a paper on

THE INDUCTION OF PREMATURE LABOR IN CONTRACTED PELVES.*

Dr. Neale.—I regard the chief point in this very able paper to be the endeavor to definitely fix the limits for the induction of premature labor in contracted pelves, not as opposed to Cæsarean section, but as applicable to a distinct and separate class of cases. This endeavor I strongly advocate, but at the same time must confess that I do not believe the plan is always practicable at the bedside. There are so many factors entering into the determination of this question as I stated in my paper that I can now only repeat what I there quoted, viz:

"A given pelvic measurement is useful as an indication of what has been the experience of others under similar circumstances, but is not a final ground for decision."

After the evidence adduced, which doubtless represents the opinion of the best medical authorities, I am sure I only voice the concurrence of this society in accepting the limits for this operation as stated by Dr. Williams.

This is practically in accordance with the teachings of Lusk—probably our strongest American authority—who places the range for the induction of premature labor in contracted pelves at a conjugata vera of from $2\frac{3}{4}$ inches (7cm.) to $3\frac{1}{2}$ inches (8.75cm.).

As stated in the paper, I believe the most reliable statistics of this operation are those of Dohrn, who compares the results of induction of premature labor with those of labor at term in the same case, showing a very decided advantage in premature labor. It must be remembered, however, as Litzman has clearly shown, that children born alive by this operation are far more likely to die early than matured children. The risk to the child does not cease with the delivery.

I cannot recall any reference in the paper to pelves contracted from hip joint disease, and yet I have met with two obstetrical cases of this character during the past two years in this city, both were in private practice, and both were primiparæ.

The first case I saw in consultation during a very severe labor at term, and delivered her of a still born child by a

*See JOURNAL March 21, 1891.

difficult high (Tarnier) forceps operation.

Premature labor was induced on the second case at the eighth month. In this case the bougie was retained under antiseptic precautions (two per cent. creoline cervical and vaginal douche and iodoform gauze over os) between the membranes and uterine walls for 48 hours without effect. It was then withdrawn, the douche again administered, and bougie reintroduced in a different position and retained for 24 hours again without effect. The sack was then punctured high up by the probe, and labor began in about 15 hours. Thus we see the method of Krause, although the best, may fail, where puncture of the sac will not.

As this lady was poisoned to death by an unclean servant who dressed and picked carious bone from her foot and then attended my patient, and handled all her linen, napkins, &c., without my knowledge, it shows the importance of extending our antiseptic precautions to everything coming in personal contact with the case.

As regards the method of delivery, the experiments of Budin and others speak strongly in favor of version and extraction as opposed to forceps.

Dr. Kelly.—The subject is too large to be discussed formally. I will merely refer to one or two points of interest. A serious complaint is to be entered against the records of foreigners in regard to the statistics of infant mortality after premature labor. Many observers only state whether the child was born living or dead, some few state whether or not it was living when discharged from the hospital. What we want to know for practical purposes, is whether the children live any time after they get home. My own experience is that but few live. If they are sent out simply to die soon after at home, the induction of premature labor among the poorer classes, simply becomes a series of uterine gymnastics.

A method of my own which I have found most successful in inducing premature labor, is taking a flexible whalebone bougee, introducing it between the membranes and the uterine wall, high up into the uterus, and sweeping it gently around for one or two inches in either direction. This has not failed me in any instance in bringing on labor.

WILLIAM S. GARDNER,
Secretary.

410 Hanover St.

LEUCOCYTES IN DISEASE.

Dr. Castellino in *London Med. Recorder* from *Gazetta degli Ospitali*, No. 4, 1891, communicates the result of his observations upon the white corpuscles of the blood in different morbid conditions. His researches, which were conducted in the laboratory of the medical clinique in Genoa, have occupied three years of observation on more than a hundred patients. His conclusions are as follows: 1. Along with the destruction of the red globules of the blood there is an increase in the white globules in the following diseases, which are arranged in the degree of the number of the said leucocytes: pneumonia, erysipelas, scarlatina, pleurisy and typhoid fever. 2. These leucocyces rise in quantity with the temperature, and, except in the case of pneumonia and erysipelas, begin to diminish with the decline of the fever. 3. In these last two diseases the leucocytes only begin to diminish several days after the crisis is past. 4. In acute infections there is a predominance of small white globules, which are finely granular with one nucleus (the leucoblasts of Löwit). 5. In leukæmia and chronic infectious diseases (such as syphilis, malaria, and lead-poisoning). there is a predominance of the large leucocytes with coarse granulations, having many nuclei without nucleoli (erythroblasts of Löwit). Many of these granules answer to the chemical and microscopical tests of fatty substances.—*Boston Med. and Sur. Jour.*

MARYLAND MEDICAL JOURNAL

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JOSEPH E. GICHNER, M. D., Associate Editor.

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BALTIMORE, APRIL 11, 1891.

Editorial.

TRAINED NURSES.

It is only within a comparatively short time that the medical profession in this community has had the advantage of the aid of trained nurses in sufficient numbers to do the work required in their line and even now the training schools may be said to be only in their infancy. The trained nurse, like many other good things in this life, is not fully appreciated until one has had occasion to test her utility, but after one has had the opportunity to judge of her merit, by the help she gives in the management of a difficult case, one is very apt to have positive views on the subject. There is doubtless a certain amount of prejudice against trained nurses among some practitioners of medicine, which prejudice, like others of its kind, arises either from want of experience with them or from some unfortunate occurrence in which the nurse did not prove a worthy representative of her class. This prejudice will pass away as the merits of trained nurses become more fully known, but it is only a larger and more intimate acquaintance with their merits which can hasten such a result. The idea often entertained of a trained nurse is that she is a sharp eyed, meddlesome busybody whose main pleasure consits in watching the doctor with a special view to finding fault with his treatment and prejudicing his patients against him. This picture is, it is true, sometimes realised, since nurses like doctors are human and present all the various phases of folly in their methods, in particular cases, where the individual concerned happens to be a fool, but we feel sure that the proportion of nurses who fulfil their duties in a proper and becoming manner is quite as large as that of doctors who are without reproach. Moreover, in the unfortunate cases where the faults above referred to actually exist, it is no more than the doctor has often to contend with in the persons of the sympathetic and meddlesome cousins, sisters and aunts who constantly beset the sick and make life a burden to them with their recommendations of doctors, systems and remedies. But the whole idea of training as applied to nurses and as practiced in the training schools is to overcome the tendency to meddle and to inculcate the notion that the nurse is the subordinate of the doctor and that her first duty is that of implicit obedience to his commands. This one point of training alone would render any woman having had it well impressed upon her, the su-

perior of another woman of equal calibre who had not had the same advantage.

. . . .

While the inculcation of the necessity of obedience and the cultivation of a true professional spirit are essential parts of the course which nurse pupils undergo, they are by no means all of it. Few doctors among those removed from the centres of medical education have a very clear notion of what it means to be a trained nurse The pupils are given lectures in elementary anatomy, materia medica, chemistry and physiology, and fuller instruction on practice, surgery, obstetrics, gynæcology and the special branches. In addition to this theoretical teaching, they receive practical instruction in temperature and pulse taking, poultice making, bed making and changing, the giving of hypodermics, injections, douches &c., and all the many little things which make the practical nurse. Moreover they assist at operations and become familiar with all the various contingencies which may occur in medical and surgical cases and thus have their nerves trained to meet them coolly and intelligently. Two years of this sort of thing under the rigid discipline of the hospital takes all the nonsense out of them and when they receive their certificates at the end of their term of service they know all that is necessary for them and they are ready to render the physician such aid as can be procured in no other way. Training in any other department of life consists in the formation of correct habits and this rule is shown nowhere to better advantage than in nursing. The habit of obedience to instructions stands in marked contrast to the personal views and opinions one is apt to meet with in home nursing; the habit of giving a clear full accurate account of what has happened to the patient during the absence of the physician is much more agreeable and more useful than voluble, pathetic and exaggerated outbursts one is apt to hear from members of the family; the habit of administering an injection, applying a blister or a poultice or performing any other service for a patient shows to a great advantage when compared to the domestic way of doing the same things where the physician has to give all directions in detail, and that too, with a pretty firm assurance that the thing will not be well done. The trained nurse is a landmark of civilization. She has come to stay, and we are convinced that the time is not far distant when she will be regarded as almost, if not quite as essential as the physician himself in the management of a severe case of illness.

THE BARKING COUGH OF PUBERTY.

Spasmodic and nervous coughs are well-known to the profession as very unpleasant symptoms or complications of many different conditions of diseases.

In a paper read before the Medical Society of London, (*Lancet*, Dec. 20, '90), Sir Andrew Clark has endeavored to describe and name a certain group of nervous coughs occurring at the time of puberty and characterized by a peculiar quality of sound—a quality which can apparently not be described in writing but which when once heard is very impressive. He finds in medical literature but three distinct references to this class of coughs—one by himself, one by Mac-

kenzie in his "Diseases of Throat and Nose," and one by Gowers in his "Diseases of the Nervous System."

About 30 years ago Sir Andrew Clark was consulted by a delicate nervous youth of 14 years, without sign of structural disease, who had for several months suffarred from a cough of this sort—an uncontrollable, convulsive cough, occurring in paroxysms more than a minute long of loud, dry, clanging, convulsive expiratory sounds, varying in intensity and duration, broken into irregular bars and phrases, at one time resembling the barking and at another the howling of a dog. During the paroxysm the patient appeared much distressed, the face being swollen and slightly livid; the eye-balls prominent and congested; while the body, bent forwards, was shaken by the violence of the cough, and the hands, crossed upon the chest, clutched convulsively at the clothing. The paroxysm ended in a dazed and giddy condition, and this condition quickly ceased with the voiding of a large quantity of limpid urine. The malady in this patient lasted 13 months, and then slowly subsided, leaving no ill effects except a slight convulsive cough on catching cold and the original nervousness.

The second patient, seen in 1868, was a nervous boy, 13 years of age, whose malady consisted in daily paroxysm of convulsive, barking, rhythmic cough which greatly fatigued the patient and prevented attendance upon school. No organic disease could be detected. The trouble lasted three years, and ended in complete recovery.

The third patient, seen in 1875, was a nervous girl, 13 years of age, whose complaint began a few months before, at the advent of menstruation. The peculiarly loud and distressing cough drove everyone except her mother from the house during the paroxysms. She was permanently cured by threat of operation and display of instruments.

The three preceding cases were in nervous patients, but the fourth, seen in 1880, occurred in a boy 15 years of age, of healthy family, who had never shown any sign of "nervousness" until, at the time the "voiee began to break" he was seized by convulsive cough. It was not very severe, but was accompanied by irregular action of the heart and occasionally by dry bronchial râles. He recovered in six months, but recent attacks of bronchitis have been accompanied by bronchial spasm.

Altogether, he has seen more than 20 such cases, the majority of them in girls, all bearing a close resemblance to each other. He thinks that the disorder is connected with the nervous and laryngeal changes of puberty. All the cases have ended in recovery under careful and prolonged attention to general health and diet. No treatment has shortened the duration of the complaint. Several palliative remedies are suggested.

In the discussion of the paper by the Society several members considered that the cases described were but instances of common nervous cough, but others, as Gowers (see *Brit. Med. Jour.* Jan. 10, '91. page 88 held that "the cough differed so notably from all ordinary forms of cough that it might fairly be described as *sui generis*.

Certain it is, that no physician need doubt the existence of such a definite class of coughs on the ground that "most of the examples are hysterical," for "hys-

teria" is a vast and undefined domain, from which careful observers have marked out and will in future mark out important and distinct provinces of disease.

Obituary.

DR. R. W. EARECKSON.

In the death of Dr. R. W. Eareckson, of Elk Ridge, Md., the profession of the State has suffered a great loss. Dr. Eareckson was born on Kent Island on Feb. 12th, 1825 and graduated in medicine at the University of Maryland in 1848. He practised medicine until just before the war when he formed a company of volunteers and was commissioned as captain by the State. When the war broke out the company was broken up by the Federal troops, and some of the members imprisoned. After the war the doctor took to peach growing and attained great success in that industry. Mrs. Eareckson's health failing in 1873, he came to Baltimore and opened an office on LaFayette Ave. In 1875 he bought out the practice of the late Dr. Henry, at Elk Ridge and since that time held a large and lucrative practice in that village and vicinity. Dr. Eareckson was a man of large experience and great clinical skill, and added to his strictly professional ability such personal charms as endeared him to all who knew him. He was kind and gentle to a fault, and seemed to pursue his professional labors more with a view to ameliorate the sufferings of his patients than in the interest of his own emolument. His health had been failing for some months, several slight apoplectic attacks having occurred, when on the evening of March 8th after returning from a visit to a patient in whose case he took great interest, and who, in fact died within 24 hours, a severe attack occurred from which he never rallied. Thus his last conscious act was one of charity and kindness.

PROF. CHARLES T. PARKES.

Charles T. Parkes, professor of Surgery in Rush Medical College, one of the leading and most popular surgeons in the United States, died at his home, No. 51 Lincoln avenue, Chicago, Ill., March 28, at 3:30 A. M. Death resulted from pneumonia produced by an attack of the "grip," the illness dating from Monday, March 16.

Dr. Parkes was born in Troy, N. Y., in 1847. He served during the war in an Illinois Volunteer Regiment, and was mustered out as Captain in 1865.

Entering upon the study of medicine he at once assumed a foremost position in his classes, and from 1868 to 1875 was demonstrator of anatomy in Rush Medical College. He was then advanced to the Chair of anatomy, which professorship he held until his appointment to the Chair of Surgery in the same institution, made vacant by the death of Prof. Moses Gunn. His Advancement in his profession was phenomenal, and this sudden termination to his brilliant career will bring grief to the hearts of all who knew him.

The family of Dr. Parkes is sojourning in Europe; his wife and only daughter being in Italy, and his only son in Paris, to whom the sad news had been cabled. His remains have been placed in a receiving vault to await their return. This signal loss to his city, to his State, and to the country will be more fully referred to when by the Faculty of his college and by the various medical organizations, in which he rendered such conspicuous services, appropriate action shall have been taken.—*Jour. of Am. Med. Ass.*

The Forty-first Commencement of the Medical Department of the University of Nashville, and the sixteenth of the Medical Department of Vanderbilt University, were held in Masonic Theatre on the evening of February 27.

Correspondence.

IDIOSYNCRASY TO THE EXTERNAL APPLICATION OF IODINE.

BALTIMORE, April 6, 1891.

Editor Maryland Medical Journal:

The following case which occurred in the practice of the writer, may be of interest to readers of the JOURNAL. The patient, a male adult, having received an injury to the thumb of the left hand during a game of base ball, applied for treatment. Upon examination it was found that neither fracture nor dislocation existed, and he was advised to make an application by means of a camel's hair brush, of tincture of iodine to the swollen and painful joint. Early in the morning of the day following, he called upon me, and a strange condition presented. He had applied the tincture most plentifully, by allowing it *to run from the phial* upon the affected member, and during the night was unable to sleep because of the fearful burning sensation he experienced, only partially relieved or palliated by placing the thumb in a basin of cold water at intervals of five or ten minutes each. The thumb was several times its normal size, and completely covered on the dorsal surface with enormous bullæ, containing serum. He complained of throbbing headaches, burning sensations in various parts of the body, and reported that shortly after he applied the medicine he noticed the appearance of a decided eruption upon the trunk, which had almost disappeared. The conjunctivæ of both lids and eyeballs were markedly congested, the temperature slightly exalted and respiration quickened. He was ordered to use a poultice of ulmus, which was the only treatment employed, and the symptoms disappeared entirely during the day. This occurred almost a year ago. The patient has been upon the use of pills of iodide of iron for several months without any manifestation of unpleasant symptoms. He told the writer after recovery from the effects of the external application, that it was his first experience with the drug.

Very truly yours,

B. MERILL HOPKINSON, M. D.

1524 Park Avenue.

Reviews, Books and Pamphlets.

Heredity, Health and Personal Beauty. By JOHN V. SHOEMAKER, A. M., M. D., &c. Published by F. A. Davis, Philadelphia.

It is rather hard to properly classify Dr. Shoemaker's book since it contains such a curious mass of material and discusses it in such an unusual manner. To say that the book is a medical book would be as obviously inaccurate as to say that it is not one. To say that the book is philosophical would discredit the prescriptions it contains for corns, bunions, sweating feet and baldness while to say that it is practical would do violence to the elaborate discussion of the theory of evolution and man's spiritual place in nature. Exercise is discussed both as a means to the end of beauty and grace, and as an important factor in health. Naturally Dr. Shoemaker's own specialty comes in for a considerable share of attention and his directions for dealing with the many annoying conditions of hair and skin, nails and teeth are as valuable to the physician as to the patient. Twenty-two pages are devoted to the "Evolution of the American Girl."

The Daughter, Her Health, Education and Wedlock, By WILLIAM M. CLAPP, M. D., Published by F. A. Davis, Philadelphia.

In her new estate, a young wife found reason to deplore the insufficiency of an education, which, though good so far as

it went, was totally wanting upon subjects relating to present and prospective duties.

The little book which bears the above title begins with the sentence just quoted and goes on to supplement the education as to the points in which it is deficient and does it, too, in a plain practical way which is as attractive as it is useful. We have read the book with much pleasure and profit wish to do all we can to bring it to the notice of those for whom it is intended. It, or some other such work should be placed in the hands of every young woman contemplating wedlock.

Essentials of Surgery, arranged in the form of questions and answers, prepared especially for students of medicine. By EDWARD MARTIN, A. M., M. D., &c., fourth edition. Published by W. B. Saunders, Philadelphia.

The fact that this little work has reached its fourth edition shows that it has been successful in the financial way and we have no doubt that it is as good as the others of its kind which have appeared in such profusion of late years. These quiz compends have their sphere and if they could only be confined to it they would serve a useful purpose, but the fact that they are the only books bought by some students and that the tendency to depend on them to the exclusion of the fuller and more complete text books is becoming more and more pronounced, leads us to believe that the student would be far better off without them than with them. Used as a means of refreshing one's memory after full study of surgery from lectures and text books Dr. Martin's "Essentials" would be just the thing, but it should not be mistaken for a surgical text book.

The Year Book of Treatment for 1891. A critical review for practitioners of medicine and surgery. Lea Brothers & Co., Philadelphia. Price $1.50.

In looking over the contents of this book we find it much enlarged, and the subject matter treated with the greatest care. The busy practitioner has in these books an invaluable reference upon almost every subject in medicine with concise accounts of the latest modes of treatment and new agents employed. The contributors are well-known medical writers who quote only the best authorities. The cost is small and every progressive physician should have a copy on his desk.

Plain Talk on Electricity and Batteries, with therapeutic index, for general practitioners and students of medicine. By HORATIO R. BIGELOW, M. D. P. Blakiston, Sons & Co., Philadelphia, 1891.

This little book has many points in its favor; namely, the brevity with which each kind of electricity is treated, the simplicity of language and the fact that it contains very much in the 85 pages of which it consists, that is valuable to the physicians who uses electricity as a therapeutic agent.

We have received a large number of pamphlets on the use of ichthyol in the treatment of various diseases, especially those of the skin, and of women. As the language is French and German, we reserve the titles.

The Dangers Arising from Syphilis in the Practice of Dentistry. By L. DUNCAN BULKLEY, A. M., M. D. Reprinted from the *International Dental Journal,* August and September, 1890.

Psorospermosis Follicularis Cutis. By L. DUNCAN BULKLEY, A. M., M. D. Reprint from the *Medical News,* Nov. 8, 1890.

The Action of Apomorphine and Apocodeine, with reference to their value as expectorants in the treatment of chronic bronchitis. By WILLIAM MURRELL,

M. D., F. R. C. P. Reprinted from the *Brit. Med. Jour.*, February 28, 1891.

Reports from the Consuls of the United States, January 1891.

A Dermatological Biography. By GEORGE THOMAS JACKSON, M. D., New York.

Report of the Kensington Hospital for Women, (non-sectarian), Oct. 1889-90. No. 136 Diamond Street, Philadelphia.

The Non-operative Treatment of Delayed Union in Fracture of the Leg. JOHN RIDLON, M. D. Reprinted from the *Medical Record*, Jan. 31, 1891.

The Use of the Oil of the Eucalyptus Globulus, combined with other antiseptics, in the treatment of scarlet fever and all infectious diseases. By J. BRENDON CURGENVEN, M. R. C. S., L. S. A.

The Johns Hopkins Hospital Reports. Report in Surgery. By WILLIAM S. HALSTEAD, M. D.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR MARCH, 1891.

BY JULIAN J. CHISOLM, M. D.,

Surgeon in charge.

Number of new cases admitted for March,	633
Aggregate of daily attendants,	3,166
Number of new cases entered since 1s tof January,	2,793
Number of operations during the month of March,	140
Among these were:	
Cataract extractions senile	11
Cataract needling for soft lense,	10
Tonsil tumors removed,	16
Iridectomies,	12
Lachrymal abscesses opened,	3
Pterygium excised,	3
Enucleation,	1
Int. squint corrections,	2
Splitting canaliculus for mucocele,	4
Erectile tumor of lid,	2
Skin grafting for restoring lid lost by burn,	1
Abscesses of lid opened,	7
Foreign bodies removed from cornea,	28
Abscesses in external meatus opened,	3
Removing adenoid growth from throat,	2
Removing polypi from eye,	2

Medical Progress.

CO-EXISTENCE OF SCARLET FEVER AND CHICKEN-POX.

On January 9 last, I was asked to see L. N. and G. N., both suffering from well marked symptoms of scarlet fever. They both had a temperature of over 102°, sore throat, typical tongue and rash, L. having been taken ill on January 7th, and G. on the 8th.

On January 10, F. N., another brother was attacked. The three children were isolated, the remaining child of the family not contracting the disease. The fever ran an ordinary and favorable course, peeling commencing freely around the neck, chin and chest, in L. and G., on my visit to them on January 14th. On January 16 my attention was especially directed to G., who was said to have been feverish and complaining of headache, sickness, and general *malaise* on the morning of the previous day (15th), a few ill-defined spots appearing on his body in the evening, but who at the time of my visit presented all the characteristics of a severe attack of chicken-pox. Not only had he a very numerous crop of vesicles all over his body, scalp and face, but on his tongue and soft palate, causing considerable difficulty in deglutition. He, however, recovered, together with his

brother and sister, without any other unfavorable symptam, differing in no respect from them, except that in his case the peeling process was rather delayed.

On January 28, or exactly 13 days after G., F. was attacked with chicken-pox, the sister up to the present escaping. The children I found had been attending a public elementary school in which there had certainly been one if not more cases of scarlet fever, and several of chicken-pox, and had doubtless contracted diseases there, G. probably catching the chicken-pox on the 2nd, and scarlet fever on or about the 5th.

It must remain a matter of conjecture how far the fact of having the specific poison of one disease in the system affected the course or seriousness of the other; it is plain that having one disease did not prevent him catching another; the second disease (scarlet fever) remaining as in the other children of the "benign" type.

The chicken-pox, on the other hand, was decidedly severe, especially if judged by the character of F.'s attack (which did not develop until eighteen days after the scarlet fever, and was mild with slight eruption), but whether this severity was due to any incompatibility of the presence of the two germs, or is only consistent with the lessened vitality or resisting power caused by having just recovered from an acute disease, it is difficult if not impossible to say.—Richard Bevan, D. P. H. and L. R. C. P. London, in *Brit. Med. Jour.*

Medical Items.

The Commencement of the College of Physicians and Surgeons will take place Tuesday, April 14th, at 12 o'clock, at the Academy of Music.

The Baltimore Medical College will hold their Commencement Wednesday, April 15, also at Harris Academy of Music.

The meetings of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 P. M., September, 22, 23,24, and 25, 1891. William Pepper, Chairman of the Executive Committee.

Dr. Holmes, in his "Over the Teacups," defines a crank "as a man who does his own thinking." They are called cranks because they "make all the wheels in all the machinery of the world go round."

The sixteenth annual meeting of the American Academy of Medicine will be held at Washington, D. D., May 2 and 4, opening at 3 P. M., May 2. As it will be just previous to the sessions of the American, members will be able to attend both meetings.

The following resolution was passed at a late meeting of the British Gynecological Society: "That the Obstetrical Society be invited to appoint a sub-committee to act with the sub-committee of this Society to inquire into the cases in dispute between Sir Spencer Wells and Mr. Lawson Tait."

Dr. Clements, of Yell County, Ark., has introduced a bill providing for revoking a doctor's license if he is guility of unprofessional conduct, such as committing abortion, advertising to cure palpably incurable diseases, accepting a fee in advance on promise to cure such diseases, employing drummers, etc. We hope our confrére from Yell County will succeed with his bill. It has already passed the House.

Over forty different varieties of bacteria have been isolated from a specimen of normal milk. They are grouped into classes; and their varied actions produce the changes ordinarily taking place in milk as well as the extraordinary chemical effects produced under peculiar and unusual circumstances. It is not gainsaid, however, that "foreign" bacteria are not concerned in the uncommon chemical changes.

Dr. L. S. McMurty, of Louisville, Ky., President of the Southern Surgical and Gynecological Association, will deliver two lectures before the Alumni Association of the College of Physicians and Surgeons, at the college building, corner Calvert and Saratoga streets, on Saturday evening, April 11th, at 8 o'clock, and on Monday afternoon, April 13th, at 5 o'clock. Subject: "The Pathology, Diagnosis and Treatment of Ectopic Gestation."

The fifteenth anniversary of the Meharry Medical Department of Central Tennessee College was held February 19. The *National Jonrnal of Medicine and Surgery* says that more than one-half of the educated colored physicians of the Southern States are graduates from Meharry College. With scarcely an exception, they have been cordially received by the white physicians, who have consulted with them in dangerous cases, and assisted in difficult surgical operations.

J. B. Lippincott Company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynæcology, pediatrics, dermatology, laryngology, opthalmology and otology, delivered in the leading medical Colleges of this country, Great Britain and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

The overworked Professor Koch has gone on a trip up the Nile which will consume a fortnight or more. It is expected that he will be back again in Berlin directly after Easter to take up his new duties. *The Lancet* correspondent at Cairo writes that Koch arrived there on February 12, looking very thin and ill after five days sea-sickness and all its attendant evils, and that he avoided all social entetainment, proffered dinners, visits and the like so far as it was possible. Before leaving the city on the 14, however, Koch found time to visit the Kasrel-Aini Hospital and the German Hospital and to inspect the cases under treatment, at both of them, by tuberculin. At the former institution he found not less than twenty cases of phthisis, lupus and tuberculous joints on which to lecture briefly as to the time and method, and quantity for the injection. He inclined to criticise here, as elsewhere, those operators who use the remedy with too much caution. He thought the doses were not infrequently too small and at too long intervals to procure the desired result.

The *Pharmaceutical Era* says that under the McKinley tariff, "mineral waters, all not artificial," are admitted free; but in the same tariff, under the liquor clauses, it is recited that "all mineral waters and all imitations of natural mineral waters, and all artificial mineral waters not specially provided for," shall be dutiable, etc. The collector says that while he realizes that the intention was to admit natural mineral waters free, and that he perceives that the addition of a comma to the last phrase of the foregoing sentence would make the whole consistent with that idea, he is nevertheless compelled to read literally, and he therefore imposes a duty upon natural mineral waters. Like the Mikado, he deplores "the slovenly way in which these laws are drawn," but is equally powerless to stay their execution. The rulings remind one of the decision which the drunken Irishman came to, as he staggered home: "Av me woife's waitin' up for me, I'll bate her!" said he, "and if she's gone to bed, I'll bate her!" Then after a little reflection he added, "begob, I'll bate her anyway!"

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CONTENTS

ORIGINAL ARTICLES.

The Treatment of Wounds with Especial Reference to the Value of the Blood Clot in the Management of Dead Spaces. By W. S. Halsted, M. D. 529

The Internal Use of Antiseptics. By A. Shank, M. D., Clearspring, Md. 533

SOCIETY REPORTS.

Medical and Surgical Society of Baltimore. Stated Meeting held March 12th, 1891. Appendicitis. Premature Birth of Twins, one Dead, the other Living. 535

EDITORIAL.

Healing under Moist Blood Clot. . . . 539

MEDICAL PROGRESS.

Gangrene of the Skin in an Infant.—The Duration of Diseased Conditions —Dangers of Sulphonal—Abnormal Intrathoracic Air Pressures and Treatment.—Insanity as a Symptom of Bright's Diseases.—Successful Extirpation of Cancerous Uterus in Child-Bed.—Influenza.—The Official Report on the Use of Tuberculin. Hysterical Facial Paralysis.—Treatment of Cold Abscess.—Immunity from Yellow Fever. —Treatment of Bright's Disease.—Malthusianism. 540

MEDICAL ITEMS. 548

U. S. Army, Navy and Marine Changes. . . 550

Original Articles.

THE TREATMENT OF WOUNDS WITH ESPECIAL REFERENCE TO THE VALUE OF THE BLOOD CLOT IN THE MANAGEMENT OF DEAD SPACES.*

BY W. S. HALSTED, M. D.

To drain or to obliterate with the greatest care all of the dead spaces of a wound is still an almost universally accepted precept of surgery; and surgeons have a wholesome fear of the presence of blood in wounds.

Having referred to the attempts of Maas, Neuber and others to dispense with the use of drainage tubes, Küster† expressed himself on the subject of blood in wounds as follows: "Moreover, it soon became evident that the presence of blood in any wound represented a great danger, and after a while one seldom heard of any such experiments"—experiments to close a wound without providing for its drainage or for the obliteration of its dead spaces.

Von Bergman,‡ in an address which he delivered on the antiseptic treatment of wounds a few years ago, says: "That organic material which with the greatest ease becomes the seat and essential part of putrefactive processes is the blood, which streams or trickles from the divided vessels of a wound and collects in its deeper parts, particularly in its recesses and pockets. Since it is the business of the surgeon to avoid doing anything which could give rise to decomposition in a wound, it should be his care to provide for the exclusion of a fluid so prone to decompose, one of the most important

*Johns Hopkins Hospital Reports. Surgery Reports.

†E. Kuster, Ueber die Anwendung versenkter Naete. Archiv. fur Klin. Chirurgie, 1884, Bd, xxxi, Heft 1, S. 133.

‡Schede, Ueber die Heilung von Wunden unter dem feuchten Blutschorf. Verhandlungen der deutschen Gesellschaft fur Chirurgie, 1886, S. 65.

if not the most important of the achievements of antiseptic surgery." . . . .

"Formerly, so long as one regarded the blood as the plastic material which fills the holes, as the glue and cement which should stick together the edges of the wound, its presence seemed not only good but desirable—now, since one knows that the most feared and most dangerous wound diseases arise from its decomposition, one struggles with all one's might to keep the wound freed from it. The surgeon who has not arrested the bleeding with the most scrupulous care, will in vain look for results, for success with his antiseptic technique."

Lister has done more than anyone, perhaps, to perpetuate this great fear—the fear of blood in wounds—of præ-antiseptic times. For twenty-three years the eyes of every surgeon have been turned towards Lister, who has rarely lost an opportunity to emphasize the importance of wound drainage. His efforts are still directed to the best means of taking care of the discharges from wounds—to the perfection of a dressing. In 1875‖ he expressed himself on the subject of drainage as follows: "Two days later, or six weeks after the operation, the pain in the limb, of which he had complained at the last dressing, had left him; but a considerable serous stain being still found on the gauze, the drainage-tube was continued, though shortened by cutting off a piece from the deeper end."

Two days later: "The wound being dressed the line of incision was found entirely healed, except at the point occupied by the drainage-tube, and the serous stain on the dressing was so much diminished that I reduced the little tube to a quarter of an inch in length, and allowed three days to pass before the next dressing. On then exposing the wound, however, I was disappointed to find the serous stain on the gauze fully as great as on the last occasion, and pressure on the skin in the vicinity of the wound caused a drop of clear serum to escape. This had never been seen before and implied that the shortened drainage-tube had not been answering its purpose completely, but had permitted a certain amount of serum to accumulate; and slight as this accumulation was, I knew from experience that it was enough to perpetuate serous oozing by the tension which it occasioned. I therefore substituted for the short drainage-tube another of the same calibre, but twice as long—viz., half an inch, being as deep as it could be passed without violence, and dressed again in two days. The result was such as I had hoped. There was an almost entire absence of serous stain on the gauze, and nothing could be pressed out of the tube, which was now again slightly shortened. The dressing was then left untouched for four days, when the drainage-tube was found lying out of the wound, having been forced out by the consolidation going on in the interior. There was almost no stain on the gauze, and nothing could be pressed out of the orifice where the tube had been. But to return to the point which this case is intended to illustrate—viz., the value of the drainage-tube in the later stages of wounds. Supposing that instead of substituting a longer tube for the shorter one on the eighth day after the operation, when a little serum was found to have accumulated, I had then given up the use of the tube altogether, the possibility is that by the time of the next dressing the outlet at the integument having become partially occluded by granulation and contraction, a greater amount of serum would have been pent up in the cavity, and in course of time the additional tension so occasioned would have led to suppuration and to the opening up of the nearly cicatrised wound."

In 1866,§ at the very beginning of his experiments with carbolic acid—at his third case—he described the organization of a small blood clot. He observed the case—a compound fracture of the leg—with an intense interest. I shall quote from his account of the case that part which relates to the organization of the blood clot.

‖ Lancet, 1875, p. 436.

"On the 7th of June, nearly three weeks after the accident, an observation of much interest was made. I was detaching a portion of the adherent crust from the surface of the vascular structure into which the extravasated blood beneath had been converted by the process of organization, when I exposed a little spherical cavity about as big as a pea, containing brown serum, forming a sort of pocket in the living tissues, which, when scraped with the edge of a knife, bled even at the very margin of the cavity. This appearance showed that the deeper portions of the crust itself had been converted into living tissue, or cavities during the process of aggregation, like those with clear liquid contents in a Gruyére cheese, occur in the grumous mass which results from the action of carbolic acid upon blood; and that which I had exposed had evidently been one of these, though its walls were now alive and vascular."

"Thus the blood which had been acted upon by carbolic acid, though greatly altered in physical characters, and doubtless chemically also, had not been rendered unsuitable for serving as pabulum for the growing elements of new tissue in its vicinity."

Although perfectly familiar with the organization of the blood clot, it has, apparently, never occurred to Lister to make a systematic effort to utilize the blood clot and to imitate nature's method of disposing of the dead spaces in wounds.

He has taught us what can be done under the cover of antiseptics. One may maltreat the tissue to any extent—mutilate the wound during the operation in every possible way, cut off by ligatures the circulation in large masses of tissue, produce extensive areas of superficial necrosis by irrigation with antiseptic solutions, stuff the wound with gauze and drainage tubes, tear out the stuffing and with it the granulations which have grown into it, restuff, etc.,—and still the wound may heal without suppuration, without septic inflammation, and in a way which is, perhaps, altogether satisfactory to the surgeon.

But now that wound infection is for many surgeons almost a thing of the past, we may ask ourselves if, after all, our wounds are ideal wounds. One naturally hesitates to attempt to give one's notion of an ideal wound. His ideal wound of to-day may not be his ideal wound of next year or even of to-morrow. I conceive an ideal wound to be one which immediately after the operation is reduced to the condition of a non penetrating subcutaneous wound, and which is as free as this is from the dangers of infection. By a "non-penetrating" wound I mean one in which the skin is not penetrated and I use the term non-penetrating because the penetrating wounds which used to be made in tenotomy, joint and other operations were called *subcutaneous* wounds. A wound which has been irrigated with solutions of carbolic acid, corrosive sublimate, or other disinfectants labors under the disadvantage of a more or less extensive area of superficial necrosis from which the subcutaneous wound is free. The subcutaneous wound is not exposed to the dangers which attend the introduction of drainage tubes, ligatures and sutures, nor to the greatest of all dangers for the surgeon's wound, that of infection from the hands of the operator and his assistants. The drainage-tube is still one of the chief features of the modern treatment of wounds despite the systematic efforts of many surgeons for the past ten or more years to dispense with its use.

Among the first to propose a method for securing the healing of wounds without drainage tubes was Kocher.* He recommended a secondrry suture. His method was complicated, necessitated several dressings and a second operation, was annoying to the patient and exposed the wound unnecessarily often to the dangers of infection.

*Ueber die einfachsten Mittel zur Erzielung einer Wundheilung durch Verklebung ohne Drainrohren. Th. Kocher. Volkmonn's Sammlung Klin. Vorträge. No. 234.

In 1884 there appeared from Neuber† a valuable contribution to the subject of the abolishment of wound drainage. He attached great importance to the complete obliteration of all the dead spaces in wounds, recommended for irrigation a sterilized 0.6 per cent. salt solution, and provided for drainage by "canalization" and by loose stitching. For the obliteration of dead spaces he had at his disposal the following means: compression from without, buried sutures, inverting stitches, flap inplantations and firm coaptation of the resected ends of bones.

In the same year Küster‡ published his well known article on the employment of buried sutures.

Impressed by the work of Küster, Neuber and others and entertaining with them the same fears of blood in wounds, it was my practice for several years to attempt with the utmost care to obliterate the dead spaces in wounds. The results were gratifying but the technique was often very tedious. For example, after an amputation of the thigh it would not infrequenlty take an hour to obliterate thoroughly all the dead spaces. The mechanical problems were sometimes quite difficult, and one was perpetually annoyed by the fear that he might strangulate the tissues included in the sutures. After a time I became convinced that it was impossible to obliterate thoroughly all the dead spaces in some wounds, and I observed that wounds in which the dead spaces were not obliterated healed throughout by first intention just as regularly as did the other wounds. I was therefore quite prepared to welcome Schede's article on the healing of wounds under the moist blood scab. This contribution of Schede's‖ I believe to be the greatest which has been made to the technique of surgery since the introduction of antiseptic methods by Lister.

That Schede was impressed by the importance of the communication which he has made one may infer from his introduction.

He says: "I am fully aware that it is a thankless task to come once more before this august body to advocate a new method of treating wounds, and surely I should not have the courage to do so, if I did not believe that what I have to communicate to you to-day deserves because of its essential importance to occupy a higher plane than the ordinary modifications of the antiseptic wound dressing, and if I were not thoroughly convinced that you will recognize in what I have to say a real contribution to our science. . . . It has required but a short experience with antiseptic surgery to enable us with astonishment to recognize that even very large blood clots in open wounds do not necessarily undergo destruction and decomposition, that they do not necessarily give rise to inflammation and accidental diseases, but that they can take on changes which one may designate as 'organization of the blood clot' and which one can compare with the conversion of the thrombus in ligated blood vessels."

The immortal John Hunter was many years in advance of his times when he expressed himself on scabbing and the organization of the blood clot as follows: "In many deep-seated wounds, where all the parts have remained in contact, those underneath will unite much better if the surface be allowed to scab. Some compound fractures (more especially where the external wound is very small), should be allowed to heal in the same way; for by permitting the blood to scab upon the wound, either by itself or when soaked in lint, the parts underneath will unite, the blood under the scab will become vascular, and the union will be complete even when the parts are not in contact. Many wounds ought to be allowed to scab in which this process is now prevented; and this arises, I believe, from the conceit of surgeons who think themselves possessed of powers superior to nature,

†Vorschlage zur Beseitigung der drainage fur alle frischen Wunden. G. Neuber. Kiel, 1884.
‡G. Kuster, loc. cit.
‖M. Schede, Ueber die Heilung von Wunden unter den feuchten Blutschorf. Verhandlungen der deutchen Gesellschaft fur Chirurgie, 1886.

and therefore have introduced the practice of making sores of all wounds."

In 1832 Wardrop* reported a remarkable case of healing under a scab. The wounded surface was, he said, the largest that he ever beheld. It arose from the ablation of a diseased breast. The wound healed under a crust of blood which was not disturbed for thirty days.

Volkmann† has observed the blood clot remain in the clefts of bone for six weeks and more without becoming fluid, without undergoing decomposition and without causing any wound disturbance, and advises that it be left undisturbed We are indebted to him for the most classic description of the macroscopic changes which take place in the blood clot of an aseptic open wound. He depicts the clot as black and glistening and apparently unchanged for six or eight days, then as consumed by granulations or gradually shrinking and changing color from black to a leather and then to an orange tint and forming at last a moist scab which drops off when cicatrization is complete. But Schede was the first to take advantage systematically of the little understood properties of the blood clot. He regarded the blood as merely a plastic material possessed of high powers of organization. From experiments of Nuttall, Prudden, Buchner, Lubarsch, Stern and others we know that the blood possesses disinfectant properties toward certain species of bacteria. Human blood serum does not appear to be injurious to the multiplication of the staphylococci and streptococci of suppuration, so that we cannot attribute the beneficial results obtained by healing under the blood clot to any direct disinfectant properties of the blood upon the pyogenic micrococci, but such properties may come into consideration in the prevention of some other forms of wound infection.

*Lancet 1832-3, II, 658.

†Beitrage xur Chirurgie.

THE INTERNAL USE OF ANTISEPTICS.†

BY A. SHANK, M. D.,
CLEARSPRING, MD.

My object in calling the attention of the Society to this important subject is not with the hope of being able to bring anything new or anything with which you are not already familiar. But it is for the purpose of learning to what extent antiseptics have been administered internally by you, what preparations you have used, for what diseases you have given them and with what results.

Antiseptics are substances which possess the power to prevent the growth of organisms that produce fermentation and putrefaction. Their power has been known to a certain extent from the early history of medicine but the use of them never assumed any definite form until in the year 1865, when Sir Joseph Lister published his investigations with the use of antiseptic substances in the treatment of wounds to prevent pus formations and hence hasten the healing process. It was the beginning of real scientific surgery, which since then has made advances never dreamed of by the promulgator of the new idea. But I shall not consume any of your time in regard to the use of antiseptics in surgery. At our November meeting Dr. Ryan gave us a very interesting history of some cases illustrating what the general practitioner can do with the use of antiseptics in the management of such surgical cases as may fall into his hands.

From the definition already given that these substances prevent fermentation and putrefaction, in the treatment of what diseases then may we reasonably expect to derive any benefit from their internal administration. The answer naturally is in the treatment of those diseases that owe their origin to the existence of some form of micro-organism within the system.

†Read before the Medical Society of Washington County, April 8, 1891.

When Professor Koch announced his discovery of the tubercle bacillus, scientists were startled and at once set to work to verify his discovery. It was not long before all investigators affirmed his published statements. Clinicians then the world over rejoiced believing that the cure and possibly the eradication of that dreaded disease, pulmonary tuberculosis was within their grasp. At once the terrible bacilli were attacked with all manner of antiseptics and germicides. They were administered by the mouth, by inhalation and by enema, but without any positive results. Disappointment rapidly followed the rejoicing. They were unable to destroy the bacilli, could not even weaken them in their destructive action; and, to-day, perhaps only one of them, beechwood creosote, remains in general use and it without one cure recorded in its favor. True, it is claimed for it that it lessens the expectoration and alleviates the cough which it undoubtedly does, if at all, by its antiseptic action on the inflammatory process going on within the lung tissue. In the present state of our knowledge, then, we are forced to the conclusion that pulmonary tuberculosis is not a disease that can be controlled by the administration of any known antiseptic substance, and we must turn our attention to those diseases in which the drug when administered by the mouth comes in direct contact with the disease germ we wish to destroy.

If typhoid fever is due to the existence of a micro-organism as we are at present taught and all acknowledge, and its habitat the intestinal tract, then we have every reason to believe that it can be more promptly controlled than heretofore by the administration of some form of antiseptic or germicide and by that means I predict that in the near future the percentage of mortality form this disease small as it now is will be yet much further reduced. It is noticeable, recently, that more attention has been given to the administration of some drug that will shorten the duration of the fever, thereby demonstrating that it possesses antibacterial power, than to the use of strong antipyretics, which while they control the temperature do not cut short the course of the disease. It is a matter for regret, however, that statements like the following from such high authority as Prof. Macdonnell of McGill University, Montreal, should appear in the medical journals. He says "I have no faith whatever in the effect of medicines on the fever. Antiseptics are unpleasant to take and in my opinion no more effective than so much water. To talk of disinfecting an abdomen full of typhoid excreta with small doses of carbolic or sulphurous acid seems to me as absurd as homœopathy." He fails to give the duration of the fever under his mode of treatment, but admits having lost 16 of 100 cases. On medicinal antipyretics he says he places no reliance but gives the preference to antifebrin. Contrast the above with the following. Dr. Cahall, of Philadelphia, reports having treated 16 cases with salol alone, without a death, and the average duration of the fever was 17 days, some, indeed, had a normal temperature in 14 days. If a diagnosis was correct in each case I look upon this as being full of encouragement for the future treatment of typhoid fever. One great advantage claimed for salol over other drugs of the same class, is that it agrees much better with the stomach. Favorable reports have also been made from the use of sodium salicylate and resorcin.

The use of antiseptics in the treatment of the summer diarrhœas of children has passed beyond the experimental stage. The earliest treatment of diarrhœal disease by the use of a pure antiseptic is reported by Mayes in 1846; the drug he used was creosote. He states, however, that it should be preceded by a cathartic believing that the diarrhœal disease was caused by undigested food in the intestine in a state of decomposition. From that time until 1875 various articles appeared on the use of creosote in the treatment of diarrhœa and dysentery. Salicylic acid and its salts then began to

attract attention as the views in regard to the cause of the disease changed, and for the last 20 years creasote is scarcely mentioned except as a means of controlling the obstinate vomiting. The cause of the attacks was attributed to improper food, and hence the time-honored advice to begin the treatment by the administration of a cathartic to rid the intestinal tract of the offending matter. Observation, however, will convince us that a large number of these cases generally occur after a few days of an unusually high temperature, thus showing that heat is a more important factor in the cause than any error in diet. Fermentation either taking place in the food before its use, or in the contents of the stomach afterwards in place of a healthy digestion, and the product of the fermentation acting as a foreign substance irritates the intestinal mucous membrane, and brings on the attack which in the beginning is of a catarrhal character. An universally obstinate case during the summer of 1884, which resisted all the ordinary remedies, led me to try some other means. The terribly offensive character of the discharges induced me to believe that if I could arrest the fermentation that was going on I could control the disease. The evacuations also being strongly acid an antacid and antiseptic seemed to be indicated and accordingly I decided to try the sodium salicylate and in a few days was delighted to see my patient fairly convalescent after a week's ineffectual treatment. Since that time I have not used a purge in similar cases, but commence at once with the sodium salicylate and always with gratifying results. If the tongue is red and dry, with a rise of temperature, indicating inflammatory action and particularly if the stools are offensive the bichloride of mercury in small and frequently repeated doses and continued will in nearly all cases control the attack. Indeed, in the treatment of diarrhœal attacks. Among adults as well as children and at all seasons of the year if the evacuations are offensive I invariably give the sodium salicylate with benefit. Many other antiseptic drugs have been recommended but with the exception of carbolic acid, I have not had any experience in the use of them. Sulphocarbolate of zinc has been highly recommended.

In the treatment of flatulent dyspepsia most excellent results follow the use of an antiseptic. My own experience is limited to the use of the sodium salicylate and carbolic acid. My attention was attracted to the action of the former while administering it for other purposes, and subsequently have used it very successfully in many cases. Carbolic acid is highly recommended and in my hands its use has been very satisfactory.

In vesical catarrh I can only speak personally of the use of boric acid which has a very happy effect when the urine is alkaline and becomes offensive after standing a short time. The attention of the profession has been recently called to the use of salol in the treatment of chronic inflammation of the bladder to maintain the urine in an aseptic condition.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD MAR. 12TH, 1891.

The 722nd regular meeting of the Society was called to order by the President, Dr. David Streett.

Dr. John W. Chambers made some remarks on

APPEDICITIS.

He said appendicitis or typhlitis is a term usually applied to the inflammation in the right iliac region. The appendix vermiformis is ordinarily spoken of as being behind the peritoneum, whereas it is a perfectly free body within the peritoneum and is exceptionally movable.

The descriptions as usually given in the text books are misleading. It is described as lying on the internal iliac muscle, whereas it more frequently lies on the psoas muscle. In some cases it lies behind the cæcum. It may or may not have a reflection of the peritoneum, usually it has. It is found on the left side in about two per cent. of cases. It was found by Trieves associated with the liver. An inguinal hernia may contain the appendix, as shown by the specimen. (Here Dr. C. exhibited a specimen of an appendix that had been removed from an inguinal hernia).

Its length is from three to seven inches, and it usually is found to contain fecal matter. The diagnosis is not easy, we are now in about the position of some of the older doctors, who say that a diagnosis below the diaphragm is simply the weighing of probabilities; the abdominal organs are so movable it is difficult to make a diagnosis. In the lungs, which are fixed, it is easy. The only definite method of diagnosing cases in the abdominal region is to open the abdomen, and then the post-mortem will sometimes clear it up. What is usually termed an appendicitis is a localized peritonitis. It begins in most cases as a catarrhal inflammation, usually due to the presence of a foreign body, seeds is supposed to be a frequent cause, but if you examine these "seeds" carefully, you will find many of them are fecal concretions.

Ulceration follows, during which process adhesions take place, pus forms and an abscess, within the peritoneum, is the usual result. A simple catarrhal inflammation can hardly explain the constitutional symptoms. In the cases where there are such marked constitutional spmptoms, he thought that an abscess had already formed, it may burst into the bowel and get well, or it may burst into the peritoneum and set up a local or general peritonitis.

There is a rare variety, acute gangrenous or perforating appendicitis, where almost the first symptom is a sudden collapse. This form is a surgical disease and should be treated with the knife, promptly. Just when the abdomen should be opened is a question that should be decided on the merits of each individual case; what may be proper to do on the 3rd day in one case would be dangerous in another. There is some doubt but that the doctor with rest and opium does not cure as many cases as the surgeon with his knife.

If an abscess can be recognised through the abdominal walls it should be opened and drained. This would not be a laparotomy, but is the same as opening an abscess in any other part of the body, as the gluteal region for instance. These cases should not be classed as laparotomies, as by the inflammatory adhesions the abscess is cut off from the peritoneal cavity.

Why it should suddenly perforate in one case and slowly in another, is due to the position of the foreign body. If the foreign body gets in such a position as to cut off the circulation of the lower part of the appendix it will cause gangrene or perforating appendicitis, as illustrated by the following cases: Last September was called at 11 P. M. to see a robust, healthy boy, suffering from what was supposed to be cramp colic, with several liquid stools. He had eaten a hearty supper, which made this a probable diagnosis. Some bismuth was given him. The next day his diarrhœa had stopped but not the pain; he had a pulse of 120 and wiry. In 12 hours from the time he was taken he was much shocked; a few hours later, he was seen by two prominent practitioners, in consultation, and he was then intensely shocked, with a subnormal temperature of 96° F. in the rectum. It was decided to open the abdomen and an incision was made in the right median line; from habit, he (Dr. C) looked in the typhlytic region and saw a little pus and a black sluffy mass, which proved to be the gangrenous appendix. It was ligated, and removed. He died in three hours.

Case two; was brought to the City Hospital about two years ago in a state of collapse. He was a carpenter and had shown no signs of illness up to the time of shock. His abdomen rapidly distended and he died in a few hours.

The post-mortem showed acute suppurative appendicitis, due to an orange seed.

Case three, shows where the nutrition of the organ not being so absolutely interfered with, the progress of the case is slower and recovery is more apt to follow. A woman, who was seen with Dr. Martenet, who will relate the case. She is now getting better. Now we know that while she may recover, she is liable to recurrent attacks, unless a radical operation is done, as recommended by Senn and others who advocate cutting down and removing the offending organ.

Dr. J. F. Martenet said he was called on March 4, about 10 A. M. to see a lady who said to have fainted, she had recovered from the faint when he arrived, and she was then suffering with acute pain and general soreness over the abdomen and in the right iliac region particularly. Morphia was given, and at 2 P. M. she was more comfortable, at 6 she was worse, and as it was about time for her menstrual period, he thought it a case of painful menstruation, more morphia was given. When she was seen the next morning, she was menstruating, and he thought her trouble at an end. She was kept on the morphia, and on the 6th she became nauseated from it, she was then given suppositories. There was tumefaction over the right iliac region, and general soreness over the whole abdomen. She was kept under the anodyne effects of the opium, and on the 10th she had a movement of the bowels. The next day saw several operations, they were dark and thin, but contained neither pus or blood. To-day, (12th), she passed pus. She is improving, and after the first movement of the bowels she became more comfortable, and is now doing well. In another case of a four-year-old girl, who had severe pain in the abdomen, the nurse said the right groin was hard, while the rest of the abdomen was soft. Hot poultices were applied to the part and on the fourth day the case assumed so serious an aspect that he told the family he would probably have to call in a surgeon, but happily the child got better. He mentioned this case because of the youth of the patient.

Dr. George H. Rohé said Dr. Chambers very properly disagrees with some authorities in that a simple catarrh should cause such profound symptoms. There may be a case of acute suppurative appendicitis and no pus be discharged by the bowel, and yet the patient may not present any symptoms whatever, as illustrated in a post-mortem he made 10 years ago, on a woman who died of pneumonia, after being operated on for vesico-vaginal fistula. There was about half a pint of pus encapsulated between the colon and liver. She had no fever and had no symptoms whatever. He believed that death from small collections of pus, in this way, is rare.

Dr. David Streett said he had seen a post-mortem where there was a collection of pus encapsulated between the colon and liver, and when the pus was removed, there was a decided depression in the liver due to the pressure of the pus. He is not yet convinced that where there is tumefaction and pain in the right iliac region that these are cases of appendicitis. In all the cases where he has seen this tumefaction, they recovered, and in the cases where there was no doubt of the appendicitis they were all fatal, perforation took place and they died suddenly. He saw a girl some time ago, who was taken suddenly with acute pain over the whole abdomen, she gave a history of having eaten an orange the day before. She became suddenly and alarmingly ill, and died in a few days. In another case of girl of 13 years, who had eaten some dates and had swallowed a seed, she was taken suddenly with pain over the whole abdomen, and died in three or four days. Unfortunately, there were no post-mortems in these cases. So that the seeds

which were swallowed, not being demonstrated, can only be considered as a probable cause of the appendicitis. Though from the history of the cases there is little doubt of this. He was not yet prepared to turn over all of the cases to the surgeon, except where perforation takes place, then it becomes a surgical case.

Dr. H. T. Rennolds said he saw a case of a boy of 14 years, who had pain and swelling and tumefaction in the right iliac region, he diagnosed typhlitis, and this diagnosis was confirmed by Dr. Arnold. In six or seven days from the beginning of the attack, the boy had a large stool, which gave him immediate and entire relief. A man about 25 years old, in the course of two years, had five or six attacks of appendicitis, one or two of which were quite severe. He took a trip abroad, and when in London he was taken with vomiting, and had another attack, which proved fatal in a day or two. At the post-mortem, the cæcum was found to be ruptured and ulcerated.

Dr. Chambers said he was more convinced the more he heard, that those cases with abdominal tenderness and tumefaction do best without surgical interference, the knife should only be used in those cases where there is perforation. In answer to inquiry he said he thought that examination by the rectum did not give much information, unless there was marked induration, or where the tense abdominal walls over the region may be mistaken for a tumor, the rectal examination may be of service.

Dr. David Streett related a case of

PREMATURE BIRTH OF TWINS, ONE DEAD, THE OTHER LIVING.

He was called on March 6th, to see a lady for pains in the abdomen, supposed to be due to cold or something she had eaten. He found her pregnant at about 6 to 6½ months. On examination she was found to be in labor and the os dilated, and a child was born in about three-quarters of an hour, it was still-born and from its macerated condition it was supposed to be dead about a week. The second child was born alive, it was small, weighing about three pouds, it died on the seventh day. The woman had menstruated last on the 7th of August, and was confined on the 6th of March, one day less than seven months, yet he was of the opinion that the gestation could not have been longer than 6½ months. There was but one placenta and both cords were attached to it about six inches apart.

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Rec. Sect'y.
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POWERS OF PERCEPTION OF CHILDREN.

Binet (*Revue Philosophique*, December, 1890) has made a series of very interesting observations on the powers of perception of children. He experimented upon two little sisters, and found that the first color to be recognized was invariably red. When between one and two years old they could easily recognize the entire figure drawn on paper in outline of some common object, as a man, but it was several years before they could with certainty recognize an outline drawing of some individual part—as an ear or a finger. Binet also investigated how far the ideas of children are spontaneous, and how far they are recollections of dreams, but he found it difficult to come to any conclusion. He points out that at first children always regard themselves in the third person, and he gives several interesting conversations which show that their ideas about all objects are utilitarian; for example, they look upon a knife as a thing to cut with, bread as something to be eaten, and so on.—*The Journal.*

Dr. Ransom Dexter, of Chicago, a surgeon of wide reputation, died at Chicago on April 2.

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BALTIMORE, APRIL 18, 1891.

Editorial.

HEALING UNDER MOIST BLOOD CLOT.

We have taken the liberty of taking out the introductory remarks of Dr. Halstead to the surgical fasciculus of the Johns Hopkins Hospital reports and publishing it entire. We do not feel that we ought to apologise for this as it is our aim to bring before our readers, so far as in us lies, all that is best in medical progress. This work is particularly interesting from many points of view. The introduction of the method of healing by Schede was in the direction of carrying the antiseptic method to its ideal perfection, viz: to put the wound in the condition of a subcutaneous wound like a fracture or a dislocation. While the author of the method has had good results from its use, his many imitators have failed, and the method has been to a large extent given up. The circumstances under which the surgical work at the hospital is done, are such as probably no other hospital could furnish, *i. e.*, everything was new and clean, and the work was in charge of one who is well known to be a master of antiseptic technique, and the results show a practical demonstration of the theory of antisepsis as interesting as it is valuable. The course of the wounds was feverless, the healing perfect, and in the large number of fresh wounds made, only two suppurated. If this plan of treatment can be adopted with like success in other hospitals, it will do away with two of the most important obstacles to the success of our operations, viz: dead space and drainage. The drainage tube is universally admitted to be a nuisance, and it is only used as a choice of evils, when it is impossible to bring the wound surfaces into exact apposition and obliterate all dead space. Why should dead space be much dreaded? Simply because it makes a pocket in which germs may breed, suppuration be established, and the antiseptic course of the case be interrupted. In other words the dread of the dead space is an indication of our want of confidence in our prophylactic measures, and the use of the tube is to be regarded as a necessary evil in certain cases. The successful management of the moist blood clot remedies these evils by filling the space with a substance capable of organization, and thus making the drainage tube unnecessary. This seems to us to be carrying the success of antisepsis very near the ideal point, and if the profession at large can be taught to do as good work as this report

describes, humanity will have much upon which to congratulate itself.

. . . .

Another very important and interesting matter brought out in this report as well as in the recent article from the pen of Dr. Kelly is the demonstrated utter impossibility of thoroughly disinfecting the hands. This might look like a demonstration of the fallacy of the whole scheme of antisepsis, but a study of the facts involved will show the contrary. Both Dr. Halstead and Dr. Kelly tell us that after the most thorough disinfection by the use of the best approved methods, cultures of the staphylococcus can be made from the scrapings of the finger nails. The staphylococcus may be fairly described as ubiquitous. Dr. Halstead even found it in the organizing blood clot of non-suppurating wounds. The fact that wounds which run a perfectly afebrile course and heal by the first intention are made with these imperfectly cleaned hands, shows that even if the germs are not all removed or killed, they are so reduced in numbers or so restrained in their development by the means employed, as to hold their activity in abeyance during the healing process. This is, of course, the end aimed at, and although it is not theoretically attained, the success of our measures is practical. While therefore perfect disinfection must be admitted, at least in the present state of our science, to be impossible, we have no excuse for laxness or untidiness in our technique. We cannot save all our patients in the practice of medicine, but we must do all we can for them. So, we cannot reach the ideal disinfection, but we strive towards that end with all our powers.

. . . .

The surgery done in great institutions like the Hopkins, is of the greatest value to the profession at large, as demonstrating what can and cannot be done under the most favorable circumstances, and such work as that which we now discuss must exercise a certain influence on the surgery of the general practitioner, but we very much doubt if any such results can ever be reached by him. Nevertheless he can see his way clear to the adoption of the essential points in the technique and the increasing simplicity of antiseptic surgery will put it, to all intents and purposes, within the reach of all.

Medical Progress.

GANGRENE OF THE SKIN IN AN INFANT.

Walter T. Roberts, M. D., of Louisville, Ky., reports in the *Medical Record* a case of gangrene of the skin, which very recently came under his observation and was so extraordinary in many respects that a description of it may be of interest to some readers.

It occurred in a healthy infant of nine months which was recovering from a slight attack of varicella, and spreading with frightful rapidily terminated fatally in six days.

All the children of the family, eight in number, had the chicken-pox, the baby being among the last to develop it.

Before all the vesicles had matured, there appeared on the left side of the head a circumscribed erythematous blush about three-fourths of an inch in diameter, followed rapidly by others varying in size from an eighth to one and a-half inches. Within the 24 hours following, the epidermis would be slightly raised and peel off, leaving a not unhealthy surface beneath.

The anterior and lateral surfaces of the chest were invaded on the second day, and during the following night the left buttock became swollen, intensely red, and in the centre of the discoloration a greenish white patch appeared, which under a poultice quickly sloughed out, leaving a deep ugly hole. About the same time there developed over the left pectoral region a number of irregular patches of erythema which coalesced, the skin becoming gangrenous in a few hours.

The majority of the blotches on the chest and neck assumed the greenish tinge and sloughed out, always leaving clean-cut deep cavities extending well down into the subcutaneous tissue. These holes varied in size from an eight of an inch to an inch in diameter and occurred in great numbers. The large irregular patch over the left pectoral muscle was four inches long and two wide, involving about half of the axilla.

The child remained plump to the last, nursed almost ravenously, and died on the sixth day.

Whiskey and charcoal poultices alone were used in the management, but the rapidity of invasion and horrible course pursued by the eruption left small chance for recovery in an infant.

THE DURATION OF DISEASED CONDITIONS.*

Disease is a deviation from health, and when relating to mankind it means a deviation of the human system from the standard of health. The degree and nature of the deviation constitute the character of the disease, to which various names have been applied and by which the diseased conditions are generally known.

Diseases may be general or local, contagious or non-contagious, septic or aseptic, depending upon the causes that produce them. And it has been supposed that some diseased conditions are self-limited in duration, and especially some of the contagious diseases, such as rubeola, scarlatina, diphtheria, enteric or typhoid fever, etc.

And, while there may be a tendency in all deviations from the standard of health to run a corresponding course, and continue something near the same time, the cause being the same, it is probable that by far too much has been attributed to this supposed necessary limited duration of all septic and contagious diseases, if no others. For, while a given cause acting upon several persons would be likely, unchecked, to occupy something near a corresponding time, taking into account accidents and difference of constitution, if by any means the septic or contagious influence operating can be neutralized and its poisonous effects suspended, then the struggling system may rally at any shorter period of time and resume a healthy condition. And hence nothing strange has happened, for disease has no entity. The cause and the constitution are the only factors.

A *common cold* is a condition arising from the closing, by the astringency of cold, of the eight millions of exhalants on the surface of the body, retaining an effete matter which contaminates the blood, and, if not relieved, the Schneiderian and bronchial, and in some cases the intestinal, mucous membranes may become congested if not inflamed. Animal heat accumulates in consequence of the suppression of cutaneous exhalation, and thus after the cold stage fever may be a result, attended with bronchitis, if no other complication attends. Often two or three weeks may be required for the system to become restored to a healthy condition, especially if unaided by remedial measures. But if in the incipiency of this diseased condition the feet be placed for a reasonable time in warm water, warm drinks being given, and thus the cutaneous exhalants relaxed, restoring the natural perspiration, instead of two or three weeks, in as many days health is recovered.

Nothing strange has happened. It was only necessory to restore a checked func-

*Read before the Syracuse Medical Society, February 17, 1891, by Edwin R. Maxson, M. D., A. M., LL. D., of Syracuse, N. Y.

tion in this case to shorten the diseased condition; and thus it is that non-contagious, aseptic diseased conditions may generally, by proper early treatment, be materially shortened. How is it about the septic and contagious? Let us see.

Influenza (*la grippe*) is a *septic* if not a contagious disease.

The *poison* which causes this diseased condition having originated, perhaps, in the overflowed regions of China, intensified possibly by exhalations from the marshes and hovels of squalid poverty in Russia, is evidently one of no ordinary malignancy.

Unchecked, this diseased condition may continue as long as an ordinary neglected cold—two or three weeks perhaps—with far more severity and leading to more serious consequences.

But if, in addition to warm drinks, hot foot-baths, mild laxatives, and, for adults, two grains of sulphate of cinchonidine every six hours, as much sulphocarbolate of sodium, or an equivalent of other suitable antiseptic, are given, alternating with the tonic, instead of two or three weeks, in as many days convalescence may be established.

Rubeola and Scarlatina are diseased conditions caused by poisons introduced into the system more generally from others, but perhaps not always, as there must have been a first case of all contagious diseases.

In these diseased conditions, the poisons once introduced depress at first; then with febrile action they appear to spend their influence on the cutaneous and mucous membranes with considerable regularity if not interrupted by any treatment.

The duration of the depression, reaction, eruption and convalescence may generally occupy perhaps ten days as an average, accidental complications varying the time more or less.

If now, in the incipiency of these diseased conditions, in addition to whatever else may be indicated and before the poisons have had time to do their worst in deranging the various functions; an antiseptic be introduced, harmless to the patient but which neutralizes the poisons, is it not reasonable to suppose that the disease will be lighter and of shorter duration? Certainly it is, and complications are much less liable to occur.

The disease is only a condition of the system caused by the poisons. Destroy the poison early, and, if the disease is not aborted, the normal healthy condition is sooner restored. The stages are shorter and less marked, and the average duration is perhaps less than half that of cases in which the poision has to be finally eliminated by the system, as has been generally supposed.

Diphtheria is a contagious disease. The poison introduced into the system, whether derived from persons or from other sources, may run on, if left to do so, eight or ten days before being eliminated and convalescence established.

Then the blood has to be improved by good nourishment and sustaining treatment for some time yet, as was formerly supposed. The duration, then, including convalescence from the diseased condition, might be two or three weeks. Of the real diseased condition, perhaps the average might be ten days, when no paralysis or alarming complications occur.

But, as the disease is only an effect of the poison on the system, suppose, at an early stage, before the poison has done its worst, that, in addition to tonics—such as sulphate of cinchonidine, tincture of chloride of iron, and whatever else may be indicated, including gargles, warm foot-baths, stimulants, etc.—an antiseptic be given (the sulphocarbolate of sodium or other, harmless to the patient, but which will neutralize the poison), is it not reasonable to suppose that the disease will be lighter and of shorter duration? As the system has less to eliminate, should not a healthy conditon be restored in less than half the time required when no antiseptic is given? Most certainly this is the common-sense view, and amply borne out by facts in cases too numerous to mention here.* The

*See Typhoid or Enteric Fever, with reprint, from the *New York Medical Journal* of August 15, 1885, etc.

same may doubtless prove true in most septic and contagious febrile affections. It is only necessary, in addition to whatever else may be indicated, to know and properly apply, locally and internally, the antiseptics capable of neutralizing the poisons that produce the diseased conditions to cure, antipyretics being rarely required.

The cause being ascertained, and proper antiseptics selected and applied, the *patient*, not the disease, should be treated, as Hippocrates directed, no time being wasted in arriving at a *name* for the disease.

Typhoid or enteric fever is the last diseased condition to which I shall refer on this occasion. And there is, perhaps, scarcely a disease in which the poison, when no serious complications occur, appears to require so definite a period to be eliminated. The average duration or time may be about three weeks.

But, as the poison spends its influence largely on the intestinal glands and mucous membrane, sometimes passing on to ulceration, a much longer time may be required before a healthy normal condition can be restored. And especially may this be the case if it is, as too generally held, that the disease can not "be cut short an hour," and hence can only be conducted through a regular course of about three weeks, as was taught. But, suppose we give from two to four grains to adults, less to children, of the sulphocarbolate of sodium or its equivalent of some other suitable antiseptic, commencing early, alternating with two grains of sulphate of cinchonidine and ten drops of the tincture of chloride of iron, as may be indicated, and that the early intestinal irritation be kept down by warm sinapisms twice a day, all the drinks being toast-water and milk to nourish and warm to favor cutaneous exhalation, is it not reasonable to suppose that, if the disease is not aborted, the system will be restored to its normal healthy condition in less than half the time required when left to run on, because, as has been alleged, "it can't be cut short an hour?" Certainly. And it may be questionable whether we have a moral right, in the present light of medical science, to look on, maintaining that any diseased condition has necessarily a definite or regular time to run. It is a fossil of the past, it appears, and injurious in its consequences on all accounts.

Among the antiseptics for internal use, the sulphocarbolate of sodium, in from two-grain to four-grain doses, dissolved in a teaspoonful of water, every six hours, for adults, may be found very convenient and satisfactory in the diseased conditions named and many others, alternating with such tonics as may be indicated, if any, and proportional doses for children. Listerine, in teaspoonful-doses for adults, in many septic diseased conditions is efficient, safe and convenient; for children then the dose being proportioned to the age. Other antiseptics may be used internally, however, preference being given to such as are harmless to the patient in all cases.

Locally, listerine, eucalyptol, carbolized raw linseed-oil, bichloride of mercury, etc., properly diluted, may be among the best antiseptics.

With all these and many other excellent antiseptics to abort, cut short and render milder the various contagious and septic diseased conditions, let us not say that "it can't be done," with the fossil idea that any diseased condition has necessarily a definite time to run; for, with all that is here stated or has been gained by antiseptics, we have great reason to be humbled for not having accomplished more. Let us try for it.

It may be proper to add, in conclusion, that what I published in the *New York Medical Journal*, and reprint, of August 15, 1885, on the abortive treatment of enteric or typhoid and other fevers, including the exanthematous, has been fully confirmed in my practice since that time.

And it is from my experience before and since that time in the treatment of the diseased conditions named and others that I have entirely abandoned the fossil

idea that any disease has necessarily a definite time to run; for of all the diseases I have named and others requiring antiseptics, their duration has been cut short at least one half by the addition of antiseptics to the other treatment indicated, as nearly as I can determine. And not only cut short, but rendered of vastly less severity, with fewer fatal results.

This idea of antiseptic medical treatment to abort, cut short, and render milder septic and contagious diseased conditions had its origin with me while with Professor Lister in the Royal Infirmary of Glasgow in 1867. And I have been gratified to know that many leading men abroad, and some in this country, are following along in the same line with similar results. But it should be borne in mind that, to obtain the full benefit in antiseptic medical treatment, it must be commenced with early, no time being squandered in arriving at a name for the disease, the cause and condition of the patient furnishing the indications.

And, further, to secure the best results in these various diseased conditions, the patient should be encouraged, and, as far as consistent, dressed and kept out of bed days, thus securing better sleep nights; antiseptics, together with such other treatment as may be indicated in the incipiency, being commenced with *early*, idcluding an improved cathartic pill at evening; and the drinks absolutely restricted to toast-water, half milk, warm, except at regular meal hours, when warm tea, half milk, with toast, egg, and such other food as may be borne, should be allowed. And in casees in which, from early neglect or other cause, the disease may fail to be cut short, the antiseptic should be continued to moderate the malignancy, with such other treatment as may be indicated to the last.—*N. Y. Med. Jour.*, April 4, 1891.

DANGERS OF SULPHONAL.

Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bresslauer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of twenty-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally ths cause of death was heart failure, with œdema of the lungs.—*Lancet.*

ABNORMAL INTRATHORACIC AIR PRESSURES AND THEIR TREATMENT.

Dr. Denison discusses this subject (*Sanitarian*, November, 1890) under the following heads: 1. In the fibroid process. In certain chronic lung diseases fibrous tissue is developed, and by its subsequent contraction not only the vesicular portion of the lung but also the bronchial tract is encroached upon, unless this latter be counter-balanced by increased pressure in the tubes. In high altitudes the deficiency of oxygen in the atmosphere increases the depth and rapidity of the respiratory movements, and therefore also the volume of air breathed. This fact, added to the absorbing and expanding influence of the dry cold air, shows a positive increase in the intrathoracic pressure. The beneficial effect of this upon the circulation must not be forgotten. A certain amount of daily exercise, regulated according to the individual, is necessary if the altitude be not too great, in order to hring into use both the complemental and reserve as well as the tidal air. 2. In collapse of the lung, as is seen in pleuritic effusion, etc. It

would appear from experiment that air is rapidly absorbed from the pleural cavity, but it is not so evident how the previously collapsed lung re-expands. The author suggests that the elastic power of the lung is weakened by disuse, and that even less than the ordinary atmospheric pressures will cause air to enter the collapsed lung, hence the even greater value of high altitude treatment. In the absence of this the author recommends the pneumatic chamber, in which the patient, seated in a rarefied atmosphere, breaths air from outside, or, in a case of empyema he uses a drainage tube with a platinum valve, which permits air and fluid to come out but nothing to enter. 3 and 4. Asthma and emphysema. The author says that simple or primary cases of asthma derive very decided benefit from high altitudes; that when complicated with emphysema the chances are favorable, and it is worth the trial, except when the accompanying emphysema is marked or valvular disease is present. With emphysema alone the conditions are very different. The intrathoracic pressure is already beyond the control of the walls of the air cells, and the increased pressure may crowd into the already emphysematous parts. It is really a denser air that is needed in emphysema. Dr. Denison concludes by describing an apparatus for the treatment of emphysema. Its object is the rhythmical and forcible compression of the chest in consonance with expiration.— *Brit. Med. Jour.*

INSANITY AS A SYMPTOM OF BRIGHT'S DISEASES.

In the October number of the *Alienist and Neurologist* appears Dr. Alice Bennett's paper with the foregoing title—a paper read in June before the Medical Society of the State of Pennsylvania. Dr. Bennett emphasizes Hack Tuck's declaration that the psychological theory of insanity has prevented advance in the study of those forms of disease of which mental alienation is the most prominent, but by no means the sole, or even the most important symptom. Blinded by psychology, a century of observation and the lives of hundreds of men have been lost. Insanity is a symptom, or group of symptoms, that not always in its beginnings manifests disease of the organ of which it is the perverted action. Whatever the initial step leading to disordered brain action—exclusive of organic or developmental insanity—the remote effects are similar. If not checked, the process ends sooner or later in dementia—in the limited function of a more or less impaired brain tissue. The general practitioner is usually the one who has the opportunity of studying insanity in its inception, at the time when preventive measures may be attended with gratifying results. Sankey separates what he calls "ordinary insanity" from paresis, epilepsy, organic and developmental insanity. Speaking of the etiology of ordinary insanity, he says. "The disease consists in a morbid state of the blood, or of the processes concerned in nutrition." And he goes on to state that during the early period of the disease the symptoms are due to an alteration in the blood, in its quality and in its amount; there is some congestion with interstitial deposit of serum and of protein compounds; then atrophy of the brain substance and hypertrophy of the vessels. At first, symptoms are due to the circulation of impure blood; next to excessive supply; then they evidence the imperfect function of altered cerebral tissue. Following this trend of thought Dr. Alice Bennett makes some suggestions along a certain line that is the result of clinical experience. An analysis of 60 cases is given, together with interesting and instructive references to all the literature of the subject. The 39 pages evince much care and thought, and furnish to the student a point of departure that may eventually lead to investigations of the greatest moment. The prophecy made earlier before the British Medical Association, "It is by chemical rather than biological investigation that the causes of disease will be discovered, and the power of removing them

obtained," is constantly *en evidence*, and is every day making itself felt.—*Medical Record.*

SUCCESSFUL EXTIRPATION OF CANCEROUS UTERUS IN CHILDBED.

Dr. H. Löhlein (*Centralbl. f. Gynäk.*, March 7th, 1891), describes a case where the uterus was affected with cancer in a pregnant woman. A firm mass occupied the posterior part of the cervix. The patient was 43 years old, and was sent to hospital on November 15th, 1890, about a month before the completion of term. Preparations for Porro's operation were made, in case the cervix might prove undilatable. But pains came on and the fœtal head was found bearing well down. The forceps was applied, and the patient easily delivered of a living child on November 20th; no flooding followed. On December 5th the cancerous mass was scraped away as much as possible. On December 18th the uterus was entirely removed. First, the cervical canal was well washed out with a 5 per cent. solution of carbolic acid, and plugged with iodoform gauze. The os was sewn up with three sutures. A very large number of vessels required ligature, and the uterine tissue was exceedingly brittle, so that its entire removal proved difficult. The wound in the vaginal wall was united on both sides by a suture and drained by a loose roll of gauze. There was high temperature on the second and third day, but no other serious symptom. On December 31st, the patient left the hospital in good health. On January 11th, 1891, she was well and strong, the cicatrix was healthy, and there were on both sides of the pelvis traces of para- and perimetritic exudation. Dr. Löhlein comments on the case and compares it with Spencer Well's and Zweifel's operations for the removal of the cancerous uterus in mid-pregnancy.—*Brit. Med. Jour.*

INFLUENZA.

On April 4th, Dr. John T. Nagle, Deputy Registrar of Records of Vital Statistics, of New York City, made the following report in regard to the mortality of the city and the prevailing influenza: "The deaths in the city for the week ending April 4, 1890, were 1,100; the number for the week ending March 28th was 895; March 21st, 840; and March 14th, 813. The deaths in 1891 for the week ending March 14th, were 48 less, for the week ending March 21st, 23 less, for the week ending March 28th, 42 more, and for the week ending April 4th, 252 more than the average of the corresponding weeks of the past five years. The deaths from pneumonia for the last week were unusually high, 224, or an increase above the average of the corresponding week of the past five years of 110. The deaths from phthisis were 137, or 14 above the average, and the deaths from bronchitis were 60, or 9 above the average of the corresponding week of the past five years. Influenza and complications during the week were credited with 48 deaths, and during the preceding week with 10 deaths. Thirty-four of the deaths were stated to be from influenza combined with pneumonia, and six from influenza combined with bronchitis. The disease appears to have been much milder than the preceding epidemic, and I think it will fast disappear, judging from the mortality of the past few days, which was as follows: April 1st, 200; April 2nd, 168; April 3rd, 146; April 4th, 143. The death-rate last week was 34.39, and for the week previous, 28, while the average rate for the corresponding weeks since 1886 was 26.51 —*Boston Med. and Sur. Jour.*

THE OFFICIAL REPORT ON THE USE OF TUBERCULIN.

An official report has been issued by the German Government giving the results of the use of tuberculin in all the Prussian Universities. The report makes a ponderous volume of 900 pages, and contains the results of treatment, by over 60 physicians, of 1,769 cases.

The diseases treated include tuberculosis in all its forms. The number of

deaths occurring during the treatment was only 55, and these were chiefly of persons suffering from advanced phthisis. In early phthisis there was not a single death. Among the joint cases there were six deaths.

The number of cures, however, is also very small, being but 13 among patients with internal tuberculosis, and 15 among those with joint tuberculosis and lupus.

There were, however, among 951 cases of phthisis, 171 cases markedly improved, 194 slightly improved, and 586 not improved.

Among 683 cases of joint tuberculosis and lupus there were 148 considerably improved, 237 improved, and 298 not improved.

Even allowing for insufficient lapse of time, and the necessary existence of many severe and ill-suited cases the results are most discouraging. Among the 1,700 cases, one-half were not improved at all. Plainly tuberculin is very far from being the specific from which so much was hoped.—*Med. Rec.*

HYSTERICAL FACIAL PARALYSIS.

A case, said to be of this nature, was recently communicated to the Société Médicale des Hôpitaux by M. Gilbert Ballet for M. Ed. Boinet of Montpellier. The patient was 31 years of age, and when she came under observation was suffering from right facial paralysis of cerebral type—i. e., affecting the lower part of the face, associated with anæsthesia, with rhythmical tremor of the right arm. The tremor was recent, having come on after injury, but the condition of the face dated back as far as seven years. The diagnosis of hysteria is made upon several grounds, the strongest of these being the fact that the tremors disappeared in a few days under suggestion, a sufficient proof apparently for French authorities that it was hysterical But even if we grant that the tremor was a hysterical manifestation, it by no means follows that the facial paralysis is, and however difficult the explanation of the condition may be there seems to be little, if any, justification for the diagnosis of hysteria, a diagnosis as unsatisfactory as it is meaningless.—*Lancet.*

TREATMENT OF COLD ABSCESS.

The employment of ethereal solutions of iodoform in the treatment of cold abscesses often causes a great deal of pain. In consequence of this Billroth employs the following treatment:

The abscess is thoroughly opened across its greatest diameter, and its walls are rubbed with a tampon of iodoform-gauze. After this the cavity is washed out with a solution of corrosive sublimate of the strength of 1 to 3000, and finally after the edges of the wound have been sutured a mixture composed of 100 parts of glycerin and 10 parts of iodoform is injected through a drainage-tube, and allowed to remain in contact with the diseased surfaces.—*Med. News.*

IMMUNITY FROM YELLOW FEVER.

Dr. Domingo Freire, who was recently sent by the Brazilian Government to Berlin to study the Koch methods, described the bacteriological work done in connection with yellow fever, before the Verein für innere Medicin on March 9th. Yellow fever is due to the cryptococcus xanthogen, a well-known organism. It produces two pigments, a yellow and a black, of which the former is soluble, and gives the characteristic color to the skin, the latter is not soluble, and is the cause of the black vomitus. The ptomaïnes contain a poison which act on the medulla. In animals the disease can be produced by the ptomaines as well as by the pure cultures. Even by the third alteration of the culture, immunity can be produced. After protective inoculation, symptoms occur which resemble the initial stage of yellow fever, but disappear in 48 hours. The results between 1883 and 1890, have been so favorable, that the Brazilian Government has recently founded an institute for the preventive inoculation of yellow fever, and author-

ized the expenditure of $5,000 for bacteriological apparatus.—*Boston Med and Sur. Jour.*

TREATMENT OF BRIGHT'S DISEASE.

The *Rev. de Clin. et Therap.* publishes the following methods for the treatment of Bright's disease:

1. *Classic Method.*—The climateric prescription consisted in the avoidance of dampness and sudden changes of temperature. As to diet, rich or irritant articles of food were avoided, as were also eggs. A pure or mixed milk regime was allowed, and such articles as wine, whiskey, liquors and beer were entirely prohibited.

2. *Senator's method.*—All white meats and pork are allowed, and the use of vegetables and starchy articles of food, fruits, fats and milk advised. Senator also recommends the employment of wine mixed with water.

3. *Semmola's method.*—The author observes the preceding treatment and besides advises the employment of the following solution to be given in the course of the 24 hours.

Iodide of potassium,	15 grs.
Phosphate of sodium,	30 grs.
Chloride of sodium,	75 to 90 grs.
Water,	50 ozs.

4. *Bamberger's method.*—Besides a milk diet, tonics and forruginous remedies are employed. The author highly recommends the following preparations: (I) Pills of perchloride of iron. Of these pills three to six are given per day. Each one contains:

Perchloride of iron, $\frac{1}{3}$ of a gr.
Pulverized ményanthe (Buckbean), $\frac{3}{4}$ gr.
Extract of gentian, a sufficient quantity.
—*Univ. Med. Mag.*

MALTHUSIANISM.

A correspondent, referring to an item in the *Medical Record* regarding the Malthusian ideal of marriage, ask us to tell him what it all means. The Rev. Mr. Malthus was an English gentleman who in the beginning of this century attempted to show that the population of the world doubled every 25 years, or in about a geometrical ratio; while the means of subsistence increased in an arithmetical ratio. Hence he predicted eventual starvation for the human race unless artificial checks to population were introduced. His advice was "Do not marry until you have a fair prospect of supporting a family," and, as a matter of fact, his ideal of marriage was simply one in which the head of the family could support his prospective children. Practically, however, a childless marriage is often referred to as one of a Malthusian character, since it is one that checks instead of increases the population.

Medical Items.

Dr. Edmund A. Ayers has been elected to the Professorship of Obstetrics in the New York Polyclinic.

Dr. John P. Garrish, one of the oldest and best known New York physicians, died April 1st.

M. Pasteur has been elected an honorary member of the Russian Society for the Promotion Public Health.

A successful case of removal of a brain tumor is reported by Dr. McCall Anderson and Dr. George Buchanan, of New York.

Frank J. Weed, M. D., of Cleveland, Ohio, Dean of the Wooster University Medical College, died, March 27th, aged forty-six.

The first Mohammedan lady who has joined the ranks of the medical Professon is said to be Kutlo Jaroff-Hanum, a native of the Crimea, who has taken her Doctor's degree in the University of Odessa.

The Countess Wanda von Szcawinska has just taken the degree of doctor of medicine in the University of Geneva. The learned lady is said to intend to practise her profession in her native country, Poland.

The Cincinnati Academy of Medicine elected the following officers: President, Dr. Giles S. Mitchell; Vice-Presidents, Drs. G. W. Ryan, and T. A. Reamy; Secretaries, Dr. J. M. French and E. S. McKee; Treasurer, Dr. George F. Jones.

The price of quinine has declined to such an extent that manufacturers have organized a gigantic trust to advance it. One German firm has refused to coöperate, and until it is crushed from existence there will be strife as bitter as the drug. The price will remain low until the refractory firm is disposed of, and then fever and chills will be luxury.

At a meeting of a number of prominent phypicians of North Carolina, held at Durham, in that State, on March 18, to consider the question of establishing a medical college in connection with Trinity College, the preliminary arrangements were perfected leading to the organization of a school of high standard, thorough equipment, and three years' course.

The Council of the Society of Arts, acting under the provisions of the Benjamin Shaw trust, have offered two gold medals, or two prizes of £20 each, to the executive committee of the Congress of Hygiene and Demography, for any inventions or discoveries subsequent to 1885, exhibited or submitted to the Congress with respect to new methods of obviating or diminishing risks incidental to industrial occupations. Dr. Aubray Bower, of Melbourne, has been appointed a delegate to represent the Colony of Victoria.

At the suggestion of Dr. William Perry Watson, Secretary of the State Board of Medical Examiners of New Jersey, Dr. Rauch has called a meeting of one or more representatives of the various medical licensing boards in the United States, to be held in Washington, D. C., on May 6, during the meeting of the American Medical Association, in order to effect a permanent organization and to make rules and examinations as nearly uniform as possible. Licensing boards now control medical practice in 21 States. It is expected that much good will come of this meeting.

About forty American and Canadian physicians held a meeting on February 19th, at Berlin, in order to found a permanent organization such as exists in Paris; London, Edinburgh and Vienna. Professor Miller (University of Pennsylvania), now Professor at the University of Berlin, called especial attention to the fact that such an organization wonld not only greatly benefit the physicians who remain here for purposes of study, but also that it would call the attention of Germany to the forward tendency of American medical science He strongly urged the publication of the transactions of the association every year. Permanent organization was effected, Dr. Judson Daland, of Philadelphia, being elected President, and Dr. F. Weber, of Milwaukee, Secretary. The objects and scope of the society, as set forth in the preamble, are: The arrangement of medical work and the formation of special private courses, so that any desired instruction may henceforth be obtainable at this University; the giving of advice to new-comers regarding instruction, lodgings, books, instruments, etc.; the reading and discussion of papers of general interest, exhibition of patients and demonstration of specimens in all lines of work taken up by members, the furthering of mutual ends by a more extended acquaintance of the physicians here. New-comers and others desiring imformation will please apply to the Secretary, Dr. Fred. R. Weber, Charité, Berlin.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM MARCH 31, 1891, TO APRIL 13, 1891.

By direction of the President, the following named officers are detailed for duty under the Inter-Continental Railway Commission, appointed under a provision in the act of Congress, approved July 14, 1890, for the purpose of making 'a preliminary survey for information in respect of a continental railway recommended by the International American Conference," and they will report in person to the Commission in Washington accordingly: Captain Edgar L. Steever, 3rd Cavalry, 1st Lieut. Stephen M. Foote, 4th Artillery, 1st Lieut. Lyman W. V. Kennon, 6th Cavalry, 1st Lieut. Andrew S. Rowing, 9th Infantry, 2nd Lieut. Samuel Reber. 4th Cavalry, 2nd Lieutenant Charles A Wedekin, 3rd Cavalry, Captain William C. Shannon, Assistant-Surgeon U. S. Army, for duty as medical officer of the party to which he may be attached.

Major David L. Huntington, on being relieved by Captain Henry G. Burton, Assistant-Surgeon, from duty at San Diego Barracks, Cal., will report in person to the commanding officer St. Francis Barracks, St. Augustine, Florida, for duty at that post, reporting by letter to the commanding general, Division of the Atlantic.

Captain Henry G. Burton, Assistant-Surgeon, now at San Diego, Cal., on sick leave of absence, is relieved from further duty at Vancouver Barracks, Washington, and will report in person to the commanding officer San Diego Barracks, Cal., for duty at that post, relieving Major David L. Huntington, Surgeon, and reporting by letter to the commanding general, Department of Arizona.

By direction of the acting Secretary of War, Major Joseph B. Girard, Surgeon, is relieved from duty at Fort Lowell, Arizona, to take effect upon the withdrawal of the troops from that post, and will report in person to the commanding officer Alcatray Island, Cal., for duty at that station, reporting by letter to the commanding general, Department of California.

By direction of the acting Secretary of War, Captain Jno. Van R. Hoff, Assistant-Surgeon, now in New York City, on leave of absence, is assigned to duty as an additional member of the Board of Medical Officers constituted by paragraph 18, S. O. 52, March 7, 1891, to meet in New York City, for the examination of candidates for admission to the medical corps of the army, etc.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING APRIL 4, '91.

Surgeon F. B. Stephenson ordered to the U. S. S Marion.

P. A. Surgeon T. B. Berryhill ordered to the U. S. S. Marion.

Medical Inspector C. H. White ordered to the U. S. S. Baltimore.

Medical Inspector J. H. Clark ordered to the U. S. S. San Francisco.

Medical Inspector A. A. Hoehling detached from President of Naval Examining Board.

Assistant-Surgeon Raud P. Crandall promoted to P. A. Surgeon, Feb. 27, 1891.

Carl DeWolf Brownell, of Bristol R. I., commissioned an Assistant-Surgeon in the navy, April 1st.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE THREE WEEKS ENDING APR. 4, 1891.

Walter Wyman, Surgeon, to inspect Delaware Breakwater quarantine station, Mar. 27, 1891.

George Purviance, Surgeon, detailed as chairman Board of Examiners, April 3, 1891

H. W. Sawtelle, Surgeon, to proceed to Rockland, Me., on special duty, March 25, 1891.

J. M. Gassoway, Surgeon, granted leave of absence for five days, April 2, 1891.

John Godfrey, Surgeon, detailed as member Board of Examiners, April 3, 1891.

Fairfax Irwin, Sugeon, detailed as recorder Board of Examiners, April 3, 1891.

C. T. Peckham, P. A. Surgeon, granted leave of absence for ten days, Mar. 26, 1891.

Eugene Wasdin, P. A. Surgeon, granted leave of absence for thirty days, March 27, 1891.

W. G. Simpson, Assistant-Surgeon, to proceed to Charleston, S. C., for temporary duty, March 26, 1891.

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CONTENTS

ORIGINAL ARTICLES.

Intestinal Obstruction. By C. R. Scheller, M. D., Hagerstown, Md. 529

A Case of Copper Poisoning. By Jos. E. Gichner, M. D. 536

SOCIETY REPORTS.

Clinical Society of Maryland. Stated Meeting held Feb. 20, 1891. Anatomy of the Appendix. Stated Meeting held March 6, 1891. The Pathology and Treatment of Chronic Ulcers. . . 537

EDITORIAL.

Ninety-Third Annual Convention of the Medical and Chirurgical Faculty of Maryland. . . 542

Eruptive Fevers in China. 543

MEDICAL PROGRESS.

The Lower Jaw Bone Nature's Ear-Pick; A New Fact for the Physiologist.—The Effect of Asparagus on the Urine.—"Tr. Opii. Pulv."—Improvement in the Vision of Myopia by Treatment without Glasses.—Some Questions about Issues and Setons.—Abnormal Cardiac Action as a Result of Disturbed Innervation.—Chloride of Ethyl as a Local Anæsthetic. . . 545

MEDICAL ITEMS. 549

Original Articles.

INTESTINAL OBSTRUCTION.*

BY C. R. SCHELLER, M. D.,
HAGERSTOWN, MD.

An inactive state of the bowels is often but a concomitant of some disorder which presents phenomena much more striking than the imperfect voidance or the prolonged retention of the fæces. But in intestinal obstruction constipation is a very prominent symptom, in which it constitutes the ailment for which we are consulted, and in which it furnishes the most decisive proof of a serious morbid condition of the intestine.

The obstruction may arise suddenly or at any rate become suddenly aggravated, is attended with severe symptoms and is often insuperable.

*Read before the Medical Society of Washington County, April 8, 1891.

The causes of this occurrence are numerous, the symptoms urgent, the diagnosis difficult, the treatment uncertain, and the termination, unless relieved by art, speedily fatal.

There is no class of cases to which the practitioner is called more *important*, or which demand on his part greater skill and judgment.

The importance of this subject may be in one way estimated by the attention it has received at the hands of the profession, and in another by the circumstance that over 2,000 individuals die every year in England and in America, from the various forms of obstruction, exclusive of hernia.

Classification.—There are several different plans upon which a classification of the various forms of intestinal obstruction may be *based.*

The best classification I believe to be that upon *pathological grounds*, rather than upon clinical distinctions, because our knowledge of the morbid anatomy of

intestinal obstruction is much more extensive and precise than is the knowledge of its *clinical history*. This plan consists in grouping together instances of intestinal obstruction that are pathologically alike.

It consists of such an arrangement and grouping as would be adopted if all the specimens of intestinal obstruction in any large museum were taken, and an attempt then made to arrange them in some definite and coherent order.

The classification that is founded upon this basis is the following:

1. Strangulation *by bands*, &c., or through apertures.
2. Valvulus.
3. Stricture.
4. Intussusception.
5. Obstruction by neoplasms.
6. Compression by tumors, &c., external to the bowel.
7. Obstruction by gall stones and foreign bodies.
8. Obstruction by entoroliths.
9. Obstruction of fæcal masses.

It is readily seen from a pathological classification (which I believe to be the simplest) that the subject under consideration is as extensive as it is important.

It would be foreign to the object of this paper were I to attempt to discuss all of these various causes.

I have selected but one, because it best suits my purpose that of strangulation by *bands* or through apertures. The *hernia*-like strangulation of the bowel.

Under this variety may be included:

1. Strangulation by isolated peritoneal adhesions.
2. Strangulation by cords formed from the omentum.
3. Strangulation by Meckel's diverticulum.
4. Strangulation by normal structures abnormally attached (such as by an adherent vermiform appendix or Fallopian tube, or by a fixed mesentery, including strangulation by the pedicle of an ovarian tumor and the like).
5. Strangulation through slits and apertures in the mesentery or omentum, or in certain peritoneal ligaments, or through membranous adhesions.

These *various forms* may be conveniently studied together, for although in each case the anatomical cause of the obstruction is different, yet the effects upon the gut are in all instances practically identical.

In each the segment of bowel involved is, almost without exception, the same, viz: the small intestine.

In each the symptoms that arise are, with some minute exception so nearly identical that they may be studied as a whole. In each the cause and issue of the malady are such that these various forms may be said to show a common prognosis.

Between them all, moreover there is a close bond of union in the fact that they are adapted for the same form of treatment, and may be relieved by the same operative procedures.

Considered as a whole this form may be taken as the *type* of *acute intestional obstruction*, and as such it assumes a *position* of *considerable importance*.

It is nothing more nor less than *strangulated hernia* of the *interior* of the abdomen.

It obstructs the gut as hernia obstructs. It nvolves the small intestine with about the same frequency as does an external rupture. It is indeed as rare to find a portion of the large intestine strangulated by any of the methods named, as it is to discover colon in a femoral or inguinal hernia.

The *symptoms* that attend this variety of intestinal obstruction are, in all main points, the symptoms of strangulated hernia and the prognosis of the two affections depends rather upon the situation of the constructing gent than upon any other factor. They are but varieties of a single malady and differ from one another solely on anatomical grounds. Considered pathologically and in the broader lines of their clinical history they are the same and excluding taxis are amenable to the same general surgical treatment.

Pathological Anatomy.—

1. *Strangulation by isolated peritoneal adhesions.*—These isolated peritoneal adhesions are commonly known as *bands*, "Solitary bands," or peritoneal false ligaments, and are the results or residue of some form of peritonitis.

Owing to the high mortality of *acute* diffused peritonitis, this affection is seldom a cause of these new formations.

It is the chronic diffused peritonitis and the well localized peritoneal inflammation which give rise to these isolated bands.

In some cases they may be congenital, due to intra-uterine peritonitis It is well known that in peritonitis a fibrous exudation appears upon the surface of the inflamed membrane. Any two surfaces so affected may, through the medium of the exudation become adherent if they are brought into contact with one another. The adhesion may be extensive, or it may involve only a few isolated points. As the inflammation subsides a good deal of the exudation is in time absorbed. Such as remains becomes organized into fibrous tissue, and so are produced these "bands," peritoneal false ligament, and the like. Some of these adhesions may be extremely loose and delicate, while others are composed of a more callous material.

Some of the more flimsy of these uniting structures in time disappear. *During* the progress of peritonitis the intestines are relatively still, their walls are distended from paralysis, and as a result coils of bowel that were far apart may be brought together. When the inflammation subsides the parts return as far as possible to their normal position, and as the peristaltic wave is again established, coils that were bound close together tend to separate and the adhesions are persistently dragged upon and as a result they yield, become elongated and thinned, ultimately give away and are absorbed.

But if the adhesions are more extensive, membranous in character they will not give away when the natural movement is restored in the bowels and as a result they are dragged upon, become elongated, and more attenuated in width and thickness.

The *wide membranous* adhesion may thus become narrow and ribbon-like. It may, however, undergo a still further change, that of *tortion* caused by the rolling movements of the intestines over one another, until we have a perfect cord formed. Thus are formed "peritoneal false ligaments." They are usually single, hence the name bestowed upon them by Mr. Gay, of the Solitary band." Thus you can readily understand what was formally a pathological result, a pouring of adhesive lymph the result of peritonitis, is in turn converted into a strong "peritoneal false ligament," stretching itself across some portion of the abdominal or pelvic cavity, ready at any moment to entangle the intestine and bring about a form of intestinal obstruction, which has been so *tersely denominated strangulation.*

2. *Strangulation by cords formed* from the *omentum*, is in all cases due to an adhesion or adhesions formed between the omentum and some other peritoneal surface, as a consequence of peritonitis.

3. *Strangulation by Meckel's diverticulum.*—This true or Meckel's diverticulum is a comparatively frequent cause of this form of obstruction.

It is due to the persistance or incomplete obliteration of the vitelline duct. When met with in its most perfect condition it exists as a tube, having a structure similar to that of the small intestine itself, and extends between the lower ileum and the umbilicus.

The abdominal end of the tube opened into the lumen of the lesser bowel. While the umbilical extremity may open upon the surface and permit of the discharge of fœcal matter. I have met with several reported cases where such discharge took place. One in a lad aged 17 years, who had been troubled since birth with the occasional escape of fæces from a sinus at the navel, and another in an infant.

This complete condition of the diverticle is comparatively rare. Most commonly it exists as a blind tube coming off from

the ileum. Its length on an average is three inches. Sometimes it exists only as a nipple-like projection.

As a rule it is cylindrical in shape, with a conical extremity, its intestinal end larger than the opposite extremity. In diameter its base is usually less than that of the gut from which it arises, although sometimes the diameter of the two tubes may be nearly identical. Cazin figures a case where a species of valve or diaphragm existed between the diverticulum and the intestine. Meckel himself also alludes to a similar arrangement.

The diverticulum is *always single*, and arises from one to three feet above the ileo-cæcal-valve.

The end of the diverticulum is; in the majority of cases free, very often, however, it is continued in the form of a solid cord. This cord should be attached to the umbilicus, or to the abdominal parieties immediately below that cicatrix. This attachment is very frequently met with. This diverticular ligament may break from its attachment to the abdominal parieties and may float free within the abdomen.

Under such circumstances it is usual for it to require fresh adhesions to some point of the peritoneal surface.

It is these secondary adhesions of a free diverticulum or diverticular cord that are so prominently concerned in the etiology of strangulation. There can be no doubt that these strangely attached diverticular ligaments have often been mistaken for isolated peritoneal adhesions; and in any case, where a "Solitary Band" existed without a trace of ancient peritonitis, there are some prima facie grounds for suspecting the cord to be of congenital origin.

4. *Strangulation by abnormal structures abnormally attached.*—The vermiform appendix may become adherent to some point of the neighboring peritoneum and so form an arch beneath which a loop of intestine may be strangulated.

The portion of intestine involved.—

In this form of intestinal obstruction, although very many different methods are concerned in the production of the obstruction, the part of alimentary tube involved, is with scarcely an exception, the same, viz.: the *small intestine*. So rare is it to find any portion of the large intestine interfered with in this way, the few cases reported may be regarded as pathological curiosities.

If it be borne in mind that the hernia-like strangulation of the bowel requires that the gut to be involved should be quite free and movable, and that it should be capable also of ready forming a knuckle or loop, it will be seen, that no part of normal colon, if we except probably the sigmoid flexure has a disposition that will allow it to share in this form of obstruction.

In the great majority of all cases the segment of small intestine involved is the lower part of the ileum. Strangulations of the jejunum are comparatively rare. Indeed it may be said that as one follows the small gut from the cæcum to the pylorus, every foot of the distance rendere the probability of strangulation more and more unlikely. I am unable to find a recorded instance of implication of the duodenum in this form of obstruction. Why are the last few feet of the ileum so frequently the part involved? Because the coils of this part of the lesser bowel are the parts most apt to be found in the pelvis, and to be thus ensnared by those many adhesions that may result from pelvic peritonitis. They are moreover in the closest association with the cæcum and the appendix, and are most likely, therefore, to be strangulated by adhesions that may follow upon typhilitis and by the cord formed by the vermiform appendix when it becomes adherent. Then again, the true diverticulum arises from this portion of the small bowel.

Frequency.—The cases that come under this category form no less than one-fourth of the total number of cases, excluding hernia. We find this variety of obstruction is more common in males

than in females in the proportion of 180 to 118.

The two forms of peritonitis that are answerable for the bulk of adhesions are pelvic peritonitis and the peritoneal inflammation associated with typhlitis. Pelvic peritonitis is practically limited to women, and in the matter of strangulations due to pelvic adhesions females are of course enormously ahead of the males. Typhlitis on the other hand is much more common in males than in females, the ratio being, according to Bamberger 26 to 4.

Age.—Strangulation occurs more frequently in persons between the ages of 20 and 40. This circumstance obviously depends upon the fact that the form of peritonitis with which these affections are so intimately associated are most common between these ages. Typhlitis falls within this period of life. Pelvic peritonitis occurs with comparatively few exceptions, during the period of child bearing and as a rule early in that period, being frequent in primipara.

The evidence of *any immediate* exciting cause is very commonly absent. In probably about two-thirds of the cases the attack seems to have come on when the patient was asleep. In about one-third of the cases some circumstances have immediately preceded the symptoms of strangulation that may have taken an active part in producing the obstruction.

We find that the obstruction has several times appeared after a hearty meal, or in connection with hernia, or straining at stool, and in one or two cases it came on after the administration of a purge.

In quite a fair number of cases the symptoms made their appearance either during or immediately after unusual exercise. In a remarkable case reported by Mr. Bryant, a distended bladder was the immediate cause of a strangulation being produced. In this instance a coil of bowel was involved beneath a band that passed from the bladder to the lumbar spine. The patient had been out for a drive and had been compelled to retain her urine for some hours. Shortly after emptying her bladder, symptoms of acute obstruction set in. Here there is little doubt but that the distended viscus so raised the band out of the pelvis as to allow a loop of gut to pass beneath it.

Symptoms.—I believe the symptoms of this form may be best studied from a recital of the following case. On the evening of May 8, G. R., a laborer, aged about 40, was suddenly attacked with severe pain in the right pectoral region. The point of maximum pain corresponded to a point about 2 inches below the clavicle and about the same distance external to the costo-chondral articulation, radiating in the course of the intercostal nerves. The part soon became the seat of inflammation of an erysipelatous character, rapidly spreading, attended by constitutional symptoms, fever, rapid pulse, dry tongue, hot dry skin, &c. He remained in this condition for about 48 hours, when the inflammation began to subside, the pain less severe, the temperature fell gradually, and the pulse grew less frequent. It seemed that convalescence was fully established, when suddenly on May 10, he was seized with pain in the abdomen, near the umbilicus of a colicky character. Vomiting had occasionally occurred, but now became more copious, conspicuous and continuous. The vomited matter consisted merely of the contents of the stomach and upper bowel, stained with bile, but never become stercoraceous.

Constipation became a very marked symptom, neither fœcal matter nor flatus were passed after the onset of the attack. Enemata failed even to evacuate the contents of the colon. It seemed as if the bowel below the seat of obstruction became instantaneously paralyzed since it would be absurd to assume that in every case the colon is quite empty at the time the strangulation occurs.

Coincident with the onset of the attack he exhibited evidence of great prostration, emerging into collapse. There was great muscular weakness, his face

drawn with pain and wore on aspect of horrible anxiety, the features pinched, the eyes sunken, and surrounded by bluish rings, the voice weak and muffled. A cold sweat broke out upon the surface, the pulse became thready and of increased frequency, the temperature fell to subnormal, the respirations increased in number, but more superficial.

Intense thirst was complained of, and the urinary secretion diminished, followed by total suppression.

There was no tumor, no tenesmus, nor any localized district of dullness found on percussion, and a digital exploration of the rectum gave a negative result.

Meteorism was slight at first, but became more marked as the case advanced, but never excessive.

He continued in this condition, all symptoms becoming more aggratated, and he suddenly died on the night of the 13th, five days from the onset of the initiatory trouble, and three days from the onset of intestinal obstruction. An autopsy was asked for but refused.

Diagnosis.—It will be plainly seen that the symptoms as given in detail in this case were not all properly speaking, those of obstruction by strangulation, and those that were not simply seemed to serve as preludes to the fatal termination.

The general significance of the leading symptoms.—Let us take up the more prominent symptoms as they presented themselves in this case and learn their clinical significance.

1. *Collapse.*—Did the marked degree of collapse as observed in this case depend solely upon the mere abrupt occlusion with this degree of shock. It obviously depends upon other factors. Upon the sudden damage inflicted upon the peritoneum, and intestinal walls by the strangulating agent.

Shock in these cases is indeed precisely of the same nature as that that attends wounds and other injuries to the abdomen and as that resulting from the perforation of an ulcer of the stomach or of the intestine during Typhoid fever. It has been shown that the manifestations of collapse depend upon a profound impression upon the nervous system, an impression that acts mainly through the sympathetic centres and displays itself through certain grave and violent vascular disturbances. It is not surprising to find so marked degree of collapse when we remember that we have in close proximity the great semi-lunar ganglia of the solar plexus. The largest accumulation of nerve matter in the body outside the cranial cavity.

2. *Pain.*—This is usually a conspicuous symptom in intestinal obstruction. It is due in the first instance to the lesion experienced by the peritoneum and by the intestional wall as a result of the strangulation.

At a somewhat later period it depends upon the tumultuous and irregular peristalic movements excited in the intestine. These movements are more or less arrested at the seat of obstruction and as the peristaltic wave sweeps along, the muscular walls of the intestines are not able to respond naturally to the normal stimulus, there are disordered muscular contractions, that are the basis of the symptoms known as colic. There is no doubt that by the undue reflex action excited by the peritoneal lesion and by the actual obstruction, the movements of the bowel above the occlusion becomes unusually vigorous.

The *periodical exacerbations* of pain are due to the passage along the intestine of periodic peristaltic waves, that hurl themselves, as it were, against the obstruction.

The *intensity* of the *pain* depends upon the excitability of the individual, upon the state of the sensorium, upon the extent of intestine and peritoneum involved and upon the severity and abruptness of the occluding lesion.

In *complete* obstruction it should be particularly observed that the pain is *constant,* although liable to periodical exacerbations.

While in partial obstruction the pain is distinctly intermittent and the individ-

ual experiences intervals between attacks of pain during which he is free from suffering.

Does the situation of the *pain* correspond to the seat of obstruction? I am afraid that the situation of the pain is of no value in diagnosing the site of the occlusion, but that it is, if used for such diagnostic purposes absolutely misleading.

I believe it to be a physiological impossibility to locate a painful spot among a series of complicated and moving coils, like those of the small bowel.

Vomiting.—Vomiting is due to peristaltic and *not antiperistaltic* action. If the latter were the case we would expect to find at an autopsy the gut above the obstruction empty and contracted, while the intestine *nearer* the stomach would be in a state of distention, but the reverse is what is found.

The bowel becomes occluded at a certain point. Above that point the contents of the tube collect, and some dilitation of the bowel from distension takes place. A wave of peristaltic movement passing along the intestine above the occluded part. will tend to induce two currents in the contents of the tube, in the place of a single current, in the direction of the rectum, that is the result of peristalsis under normal circumstances. One of the movements is in the downward direction and concerns such of the contents that occupy the axial part of the bowel. This axial current in the upward direction, is the *direct* result of the obstruction offered to the passage of the matters along the intestine.

In *stercoraceous* vomiting the matter is derived from the lower ileum or from the color.

It has been most conclusively shown that for the production of fœcal vomiting it is by no means necessary to assume that matter regurgitates from the colon into the ileum through the ileo-cæcal-valve. The contents of the lower ileum have often the distinct character of soft fœcal matter under normal circumstances.

The amount of urine passed.—The statement of Dr. Barlow, that the higher the obstruction is situated in the intestine the less is the amount of urine passed, has been fully combated and shown to be incorrect.

The *anuria* so often observed does not depend upon the *position* of the incarceration or occlusion, but upon its nature.

It is met with in examples of *acute* obstruction and provided that the general sevetity of the cases are the same, this symptom is as marked when the strangulation involves the sigmoid flexure, as it is when it involves the jejunum. It is true that in the great majority of cases of acute obstruction, the part involved is the small intestine, yet this fact, although it has been the cause of error, can obviously not influence the statement just made.

This symptom in the *earlier* stages is one of the phenomena of shock, the direct result of diminished pressure of the blood in the aorta.

Another cause of *anuria* depends upon the rapid withdrawal of the water from the body by the violent vomiting and by the not infrequent profuse sweating. This symptom therefore is very often associated with another, that of intense thirst.

Treatment.—The treatment of this form of obstruction is summed up in one word—laparotomy.

Palliative medical measures are worse than useless, as valuable time is thereby lost, the strength of the patient diminished and inflammatory changes in the constricted gut needlessly increased. As soon as a diagnosis is made the abdomen must be opened, the constricting band searched for and the gut released.

INFANTILE CONVULSIONS.

℞. Chloral hydratis, gr. iv.
Potasii bromidi gr. viij.
Aquæ.
Syrupi aa. dr. j.

M. Sig. One dose for a child æt two.
—JACOBI.

A CASE OF COPPER POISONING.

BY JOSEPH E. GICHNER, M. D.,

On February 26th I was called to see Mr. J. J., æt. 35, who was suffering intense pain in abdomen, vomiting, and a constipation lasting already three days. One of the first questions which I invariably put, What is your occupation? elicited the fact that he had been working in a brass-finishing shop, but he also informed me that he never came in contact with fumes emanating from the moulding room or with filings, and that a large number of workmen had been there for years without one of them ever having been affected through his work.

Physical examination showed a slender built but strong man with thin abdominal walls: pulsations of the abdominal aorta could be felt through them.

There was, however, a painful area, one inch below the stomach, extending from the median line, about 2 inches to each side, about 3 inches long. Reflexes all intact, no paralysis of any muscles; grip was strong and equal on both sides; gums showed no discoloration nor any symptom usually accompanying metallic poisoning; vision good, no headaches, but vomiting of everything he ate. After this examination I again questioned my patient, who now told me that this was the fifth attack in the one year that he had been working in the shop, and that the last one came near finishing him. The attacks of colicky pain were often so intense that blisters and the strongest anodynes would not affect him. The vomiting and constipation would last from 8 to 10 days, and once he went without an action of the bowels for 13 days. I also found out that Mr. J. perspired very much in the palms of his hands, and at night they would look dark green, almost black, although he mostly touched bright brass. At this, my first visit, I had an idea that I had to deal with a case of metallic poisoning, but was not very sure. I advised baths to bring on perspiration, a purely milk diet, and the following mixture:

℞.—Kalii iod. ℥i
Tinct. digitalis ℥iiss
Aqua anisi q. s. ad. ℥iii.
M. Sig. ℥i in water, t. i. d.

And the sulphate of magnesia, a tablespoonful with a Seidlitz powder, twice or three times a day until the bowels had moved.

I also gave particular directions that the urine, vomited matter or excreta should be saved till my next visit in the morning.

The examination of the excreta as a help to diagnosis should receive more attention than it does in a general way; for in this case three physicians that had attended him previously, all of large experience and practice could, in the four previous attacks the patient had, have well examined tha green vomited matter, which they all pronounced as bile, and so arrived at a positive diagnosis, thereby preventing the following attack.

On my next visit I found that the bowels had moved, and that the patient had vomited some green lumps, which I found to be curdled milk clots impregnated with a green substance, cupei acetas or verdigris, which I demonstrated by reagents. The examination of the urine also revealed the presence of copper with a slight trace of albumen. The blood was impoverished and deficient in red blood cells.

Under the iodide of potash and mag. sulphate treatment, the patient recovered in one week, and after another weeks treatment with tonics the patient was able to go to work again, but to another occupation, where he would not come in contact with brass or copper.

I have seen no cases of this kind recorded in this country, but Niemyer's work contains a few such.

Interesting is the remarkable susceptibility of the patient to this metal and the absorbing power of the skin of his hands, for I do not think this large amount of poison could have been conveyed by the hands through the mouth in the act of eating, as he is a cleanly man and always

washed his hands after work. It is now two months since Mr. J. was under treatment, and he has had no trouble of any kind.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 20, 1891.

The 246th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods in the chair.

The appointed subject for the evening Appendicitis, being before the Society, *Dr. J. W. Chambers* spoke on the

ANATOMY OF THE APPENDIX,

paying special attention to the variations most commonly encountered.

Dr. Chambers following Dr. N. G. Kierle, addressed the Society on the pathology of the disease, and exhibited numerous specimens.

Surgical treatment in inflammatory conditions about the appendix was considered in a paper presented by Dr. Randolph Winslow.

Appendicitis from a medical standpoint was treated of by Dr Osler. He said that the opinion was now very properly becoming general that in case of appendicitis one should at once send for the surgeon. He divided the acute troubles affecting that part of the intestine and calling for differential diagnosis into cæcal impaction (typhlitis) catarrhal appendicitis and lastly perforating appendicitis.

The first group of cases, those of cæcostercal typhlitis, never went on to abscess formation, usually presented a rather definite sausage-like swelling in the cæcal region and recovered with ordinary medical treatment. This condition, while not rare, was not so commonly seen as appendicitis. Catarrhal appendicitis; an inflammatory condition of the appendix short of perforation, is not uncommon, and the symptoms are often with difficulty distinguished from those of the more severe type. Many cases have been operated upon which would have recovered without interference. Cases of perforating appendicitis constitute a large proportion of all inflammatory troubles in this region. And these cases belong to the surgeon just as do those of empyema. The source of the disease is often very rapid, so rapid that cases are sometimes first seen after perforation has taken place and where surgical interference promises little result. Still, although with the establishment of a general peritonitis the chances are all against the patient, the operation should in most cases be undertaken as a last resort.

An accurate diagnosis without laparotomy is not always possible; the presence of a tumor is suggestive and is an indication for operation, but even in cases where there is no tumor, and often he has thought because there is no tumor the surgeon should be called. In these cases every hour is of value and delay most dangerous. When the symptoms are marked, with much fever, etc., and especially where there is a history of previous attacks; exploratory operation is advisable. As a rule, Dr. Osler does not favor operative procedure in the interval between attacks.

The meeting was concluded with a report by Dr. I. R. Trimble on four cases of the trouble encountered in his practice.

STATED MEETING HELD MAR. 6TH, 1891.

The 247th regular meeting of the Clinical Society of Maryland, was called to order by the President, Dr. Hiram Woods in the chair.

Dr. J. M. T. Finney read a paper on

THE PATHOLOGY AND TREATMENT OF CHRONIC ULCERS,*

*See. JOURNAL, page 485.

and spoke particularly of the treatment by means of skin-grafting, and exhibited a patient upon whom a very large Ulcer had been cured by means of grafting, after the method of Thiersch.

In the discussion,

Dr. Kierle said that Dr. Finney had mentioned that in a case of ulcer the excised edges were histologically like epithelial cancer. This statement implies that epithelioma has a definite histology, but the fact is, that this is not the case. The peculiar arrangement of the connective tissue laminæ and cells has been regarded as pathognomonic, but now is known to result only from pressure. So with other so-called distinctive marks. Of more definite diagnostic value is the property possessed by epithelioma to invade and take possession of new tissue. But of special significance is the fact that it does not get well, but proves intractable to all forms of treatment. His hospital experience had been to the effect that chronic ulcers could be closed but would re-open, sometimes recurring as real epithelioma. He asked Dr. Finney as to the final disposition of this graft in skin-grafting; does it remain or only stimulate surrounding epithelium?

Dr. A. K. Bond related a case of obstinate leg ulcer which, after resisting various kinds of treatment had finally healed under the use of hydrogen peroxide.

Dr Randolph Winslow though that for practical purposes the classification of ulcers into acute and chronic was the best. The four varieties mentioned by Dr. Finney may exist, but also many more. In one patient he had obtained good results from the use of properly applied adhesive strips with bandage.

By means of the pressure obtained from the use of the strips the tense edges of the ulcer are relaxed and brought into better position. In his opinion it is not necessary to completely enclose the extremity with the adhesive strips and a portion of the ulcer is always kept uncovered to favor drainage. Among many agents employed by him as dressings, iodoform, sub iodide of bismuth, and sub nitrate bismuth, he considers perhaps the best.

In some ulcers such agents prove irritating and pure lead water and other soothing applications give good results. All forms of treatment accordingly fail unless the patient be kept in bed.

Before the Thiersch method of grafting was known ordinary grafts had accomplished much good. The value of excision in old ulcers had been for a long time recognized, "fresh surfaces heal kindly." Many patients will, however, not permit the employment of such measures.

Dr. Norment said that in his opinion in bandaging in ulcers good results followed according to the method of application of the bandage. He had seen a tubular knit bandage, which is easily applied and efficacious.

Dr. Finney in conclusion said in answer to Dr. Kierle's question, that usually after a few days you can remove the epidermic covering of the graft entire; the base seems to permanently remain. He thinks that the moisture about the ulcer interferes with the action of the adhesive strips. A properly applied bandage does all that the strips can do and is more satisfactory to both patient and doctor. Flannel bandages are of course best and when cut on bias are particularly good, being elastic. Of course everything depends on the method of application. In his experience patients do not resist operative procedures when their purpose is explained.

The discussion of appendicitis carried over from the last meeting was then resumed, being opened by Dr. L. McLane Tiffany.

Dr. Tiffany said: Our knowledge of appendicitis is only in its infancy, and wa are still very ignorant on many essential points. The word itself is a much coined one, and is only found in the textbooks of the last few years. The article of Dr. Fitz three years ago, which is now

classical, called special attention to the subject and gave us the first accurate knowledge of the diseased condition now known as appendicites.

Of late surgical procedures for the relief of inflammatory conditions of the appendix have been very often practiced and our advance in knowledge of the subject bears close analogy with that of similar conditions affecting the fallopian tubes. Both the fallopian tube and the appendix are tied at one end and free at the other and both have similar peritonial and vascular connections. Before attempting operative procedures on an organ it is most important to know the anatomical position of that organ, and that of the appendix is most uncertain. We can not definitely locate it in any given number of cases. What we do know is that its fixed extremity opens into the cæcum, usually on the posterior lower aspect to the inner side of the middle line of that intestine. According to the position of the organ which is subject to the greatest variations; do we have symptoms in the living body when the appendix is inflammed. When the appendix lies behind the cæcum, we have always resonance on percussion, when we have dullness the appendix lies in front. The lumen varies markedly. Haller reports two cases when the organ was quite impervious; of course if the position is made out and the disease established our course is clear, but at the present time diagnosis is the essential thing to be determined and this is usually accurately made out after the laparotomy, not before.

In every case the great question is, is an operation needed? The disease is now regarded as a surgical trouble, but it is a trouble when the surgeon may in many cases hold his hand. Probably not more than one case in ten need operation. In all of several cases upon which he had operated lately there was a clear history of trouble preceeding the immediate attack. He is inclined to think that the presence of concretions has much to do with the production of perforation.

In one case two such bodies were found with two perforations.

He also thinks that those cases where concretions are not present are usually catarrhal and not so apt to require operation. In this latter condition the suppuration is within, not outside the appendix and these are the cases which apparently very sick may rapidly change for the better following a discharge of the appendix contents through the normal lumen into the cæcum. Of four cases lately operated on, two were in males with concretion with general peritonitis and rapidly following death. The other two in females, one with concretion one without and both followed by recovery.

Recurrent appendicitis we have fonnd more often was in those with a tubercular family history.

As an example of circumscribed pus collections in the abdomen he cited a case also in a woman, where for symptoms of marked iliac trouble he had operated, finding a collection of pus and a perforated cæcum resulting from a tuberculous ulcer. In this case the belly still remaining distended, he did a second laparotomy toward the middle line and again evacuated pus from a distinct cavity. The patient primarily did well, the incisions healed and the general condition markedly improved. She succumbed, however, after a time to general tuberculosis.

In still another woman seen first several days after the beginning of an attack of appendicitis, he had operated, cutting into an abscess cavity which he drained and irrigated. He did not find the appendix at all. The patient made a good recovery.

In operating for appendicitis the general peritoneal cavity, may or may not be opened. Although the abscess is of intra peritoneal formation, it may become circumscribed by adherent coils of intestine and when this condition prevails it is well to avoid if possible opening the general cavity.

On one occasion in operating through the usual incision he had come upon a healthy peritoneal cavity, but behind the cæcum the finger encountered some ad-

hesions and then suddenly burst through a distended appendix as was shown by a spurt of pus accompanied by a concretion. Although he could not with either the probe or finger, or with injected water trace any opening into the cæcum, there followed after two days a discharge of fæces from the wound. The patient recovered. From the position of the abscess etc., this case might have finally discharged externally, an example of the so-called extra-peritoneal appendicitis. A distended appendix may often discharge into the cæcum and the patient recover. We do not, perhaps appreciate the large number of such cases which recover without operation.

As an evidence that such cases recover, we find pus often in the appendix of the living, but very infrequently in that of the dead.

A case in point is that of a boy who for six or eight months had had some abdominal symptoms. Suddenly he had been seized with violent pain, vomiting and collapse. When seen, the mouth and axillary temperature were sub normal, and that of the rectum 104°. The general condition was most serious. Appendicitis was diagnosed and preparation made for operation, as a last resort, when he rapidly improved and recovered, following probably a rupture and discharge of the appendix contents into the cæcum.

The question of tying off a suppurative appendix is not a settled one. In some cases it is well to let it alone and these cases are those where the organ is fixed and where by manipulation a circumscribed abscess may be converted into a general peritonitis. Especially is non-inteference to be advised when there is no concretion. When the ulceration is at the base of the appendix, the best treatment is uncertain. In one case operated upon where the appendix was not found, the patient was subjected to four recurrent attacks of trouble but finally recovered.

Dr. Michael said that his personal experience in operative work in cases of appendicitis had been small. A few years ago he had seen a case in a young girl where symptoms were indefinite, beyond an inflated tender abdomen. A laparotomy had revealed a perforation of the appendix, but no concretion. There was present a general suppurative peritonitis. Death followed in 24 hours. He considered that the disease is difficult to diagnose and to treat when the diagnosis is made. He was disposed to take issue with Dr. Osler as to the invariable necessity of calling in the surgeon in these cases. Five consecutive cases in his practice of undoubted appendicitis all got well without operation. The differences in opinion between physicians and surgeons as to the necessity for early operation was well brought out in the National Med. Asso. in Washington, last year, the physicians agreeing that the surgeon should interfere, and the surgeons that great discrimination should be exercised in selecting operative cases. Personally he thinks the number of cases small when operation can at all benefit the condition. Unless there be a general peritonitis or circumscribed abscess, medical means alone had better be employed. Dr. Michael also cited post mortem observations which had shown remarkable variations in the position of the appendix.

Dr. Winslow in conclusion said, that the whole question was practically one of diagnosis. If we know that pus is definitely located, we operate, but too often we cannot know it. There are numerous conditions about the cæcum which may give rise to trouble. Simple impaction is only one of them, we may in addition have ulceration from a foreign body or from tuberculous processes. So in the appendix there is no reason why other conditions should not prevail besides perforative and catarrhal inflammations. His experience in these cases had not been small but had been largely medical. Many cases recover without operation and many require operation. The question is to decide which are oper-

ative cases. Pain, tumor and high temperature are counted indications for operation, but even they are not definite.

The Society then adjourned.

R. B. WARFIELD,
Rec. Sect'y.

WOUND OF CHEST WALLS PENETRATING THE DIAPHRAGM.

George Heaton, M.A., M.B. Oxon., reports the following in *British Med. Jour.*, of April 11th:

A girl, aged 6, was admitted into the hospital on July 5th, 1890, having been accidentally wounded in the left side of the chest by a carpenter's chisel.

On admission the child was pale and collapsed; her extremities were cold, and the pulse small and feeble. Between the eigth and ninth costal cartilages on the left side was a clean cut horizontal wound, about 1½ inch in length. The wound was vertically below the left nipple, and a mass of bleeding omentum protruded through it. The left side of the chest was motionless during respiration.

She was anæsthetised with chloroform, and an attempt was made to replace the omentum in the peritoneal cavity. This failed, owing to its being tightly grasped between the ribs. An incision, 2½ inches long, was made vertically downwards from the wound, and the abdominal cavity opened below the costal arch. By passing two fingers into the peritoneal cavity, and dilating the wound in the diaphragm, the omentum was withdrawn into the abdomen. As it was bruised and bleeding, it was again brought out—this time through the abdominal incision—and excised, after its base had been ligatured.

The stomach was next brought out through the abdominal wound and examined. A small cut, half an inch long, was found near its lesser curvature, penetrating its serous and muscular coats. This was sutured with carbolised catgut, and the stomach returned. The peritoneal cavity was thoroughly cleansed of blood and closed in the usual manner. The wound between the ribs was then enlarged, and the wound in the diaphragm exposed from its pleural side. The upper edge of the diaphragmatic wound was easily found, but its lower one could not be discovered. The upper edge was, therefore, brought down and sutured to the cartilage of the ninth rib, and the cavity of the thorax thus shut off from that of the abdomen. The external wound was finally closed, a small drainage tube being left in its outer angle. The wounds were dressed with cyanide of zinc and mercury gauze. At the close of the operation the child was extremely collapsed, but rallied slowly after a small enema of brandy.

Her after-progress was satisfactory. The temperature rose that evening to 99.8°, but never again to 99°. The wound was dressed on July 7th, and the drainage tube removed. It had united by first intention except where the tube protruded. On July 11th the wound was again dressed, and all stitches removed. It had completely healed. She was given solid food on the 13th, and ordinary diet on the 16th. She remained an in-patient until August 14th, when she was discharged, wearing a small abdominal belt.

REMARKS.—The case is interesting, as it illustrates the great rallying power which children possess after severe injuries. On admission her condition seemed almost hopeless, and yet in a few days she was practically convalescent. The wound, though opening the thoracic and abdominal cavities, did not involve the pleura, and the risks of pleurisy were consequently avoided. The suture of the wound in the diaphragm will, I hope, prevent the supervention of a diaphragmatic hernia.

POWDER FOR MIGRAINE.

℞	Citrate of caffeine	gr. 1½
	Phenacetin	gr. 2
	Sugar of milk	3 i

To be taken every two hours until relieved.

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BALTIMORE, APRIL 25, 1891.

Editorial.

NINETY-THIRD ANNUAL CONVENTION OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The Medical and Chirurgical Faculty of Maryland is one of the oldest medical erganizations in the country, and while it has always maintained a highly respectable place, it has within the memory of the present generation done about as little for the profession as one can well imagine. The years have come and gone, it has convened in solemn conclave, heard reports of sections and volunteer papers, elected officers, and adjourned. Later in the year the "Transactions" have appeared and been stored away in the archives of the members, seldom to be seen or heard of again. Decidedly its best work has been the maintainance of a respectable library and reading room, where the members could have access to most of the good domestic and foreign journals. While in name it has been the representative medical society of the State, in fact it has been a city society, with an annual convention, instead of monthly or bi-monthly meetings, and the names of county members on its roll were few and far between. The demands of the present seem, however, to be making themselves felt in a practical way. Recent efforts to popularize the Society among the profession of the State have met with encouraging success. The semi-annual meetings have aroused an interest which must bear fruit, and it really looks as if the Faculty were about to prove itself equal to the occasion and assume the position which of right belongs to it. If these promises materialize, and we sincerely hope and believe they will, the profession of this State will be placed in a position to make its influence felt in the proper way, and to put an end to the contemptuous treatment it has always received from the powers that be. The members should not let the present "boom" die out, but should cultivate and encourage it until membership in the Faculty is regarded as almost essential to first-class standing in the profession.

The coming meeting promises to be especially noteworthy, not only because of the large increase in the membership, which seems probable, but also in the good character of the scientific work to be done. The address of the President will call attention to a subject which has suffered much from neglect, viz.: "The Relation of the Faculty to Profes-

sional Organization in Maryland," and his performance will doubtless prove a fitting climax to the work he has been doing in that direction for several years past. Prof. Welch has selected the "Causation of Diphtheria" as the subject for the annual address, and will doubtless read a paper worthy of himself and his subject. We understand, also, that reports of sections and volunteer papers are being elaborated with more than usual zest, and that there is every promise of an amount and quality of scientific work which will be very creditable to the Faculty. We hope the Executive Committee will succeed in having all the work arranged systematically and in furnishing us with a satisfactory program.

ERUPTIVE FEVERS IN CHINA.

A very interesting article upon this subject is to be found in the last number of China Medical Reports just received at the Library of the Medical and Chirurgical Faculty.

In this article, a foreign physician residing in China compares the eruptive fevers which are from time to time communicated by the natives to the European residents and their children with the eruptive fevers seen in Europe.

Certain of the eruptive fevers appear to pursue an identical course in the two countries, while others either are not common to both countries, or present many modifications.

The promoters of the anti-vaccination movement would do well to consider the facts presented concerning small-pox. This disease never occurs in epidemics in China, for the reason that it is always raging endemically. It is interesting to observe that, while opportunities for infection are abundant, partly in consequence of the Chinese custom of inoculation, and partly as a result of the habit which patients have of going freely about and receiving visitors while the variolous crusts are still upon the body, the foreign residents, who are frequently revaccinated, generally escape the disease. When one takes into consideration the fact that their clothes are sometimes washed in the homes of small-pox patients and hung out to dry by children still covered with the scabs, that the servants visit freely in such homes, and the children's nurses when permitted to visit their friends fondle there children suffering from small-pox, and that, during the winter at least, persons covered with variolous scabs are nearly always to be found in every crowd of natives that assembles; it is no wonder that occasionally vaccination fails to confer immunity for even previous attacks of small-pox may fail to protect againat such free and constant exposure to the variolous poison.

The same is true of Varicella. Three cases of *Varicella Prurigo* are referred to. One case of this very rare condition is described at length. The patient, a strong child four months of age, not yet teething, exhibited after one day of slight fever and itching, eruption of rosy papules on the head, back, abdomen, legs and feet; especially the soles, which next day became vesicles filled with slightly turbid or clear fluid.

He was vaccinated at once, but the vaccine sore and the other eruptions progressed side by side unaffected by each others presence. New crops of papules continued to appear during the next six

weeks, accompanied by itching, some of them becoming vesicles, some umbilicated pustules. Change of climate resulted in cure, but five months later teething brought a relapse. The lesions appeared in the same places as before; the itching being more intense. The general health and appetite seemed but slightly affected.

Scarlet fever appears to be very much the same in China as elsewhere.

Measles appears in two forms throughout China. The milder form is very like that seen in Europe. The severe form differs in many respects from the severer form seen in Europe. It is quite as contagious as the variety seen in Europe, but one attack does not protect against a second attack. It does not protect against European measles, nor European measles against it. A case is cited in which a young child had severe measles in China in 1881, measles in London in 1884, and a second attack of epidemic measles in China in 1885. It is not strictly a disease of children, attacking persons over twenty years of age in perhaps one case out of ten, and running its course just as in children. The incubation period is about eight or ten days. It is often ushered in by a dry hacking cough which, after several days, is accompanied by a sense of illness. The patient is now irritable and feverish, with headache and anorexia. He vomits once or twice, and has probably "bilious" offensive diarrhœa. There is coryza, delirium at night, and fever of about 102.5°. The slightness of discharge from the nose is remarkable. The fauces are red and coated with mucus, and just before the eruption appears the palate and pillars are dotted with minute brilliant vesicles. There may be a scarlatinal tongue, or a muco-fibrinous deposit on the tonsils. There is bronchitis with mucous or purulent sputum. The rash is discrete or clustered, somewhat purple on the legs and back, rosy-red on the face and arms. It appears between the second and eighth day, and last from three to seven days. Its appearance is not attended by any decrease in the fever. The sequelæ are not generally serious.

Every epidemic of severe measles in Shanghai has been associated with a prevalence of whooping-cough. Each disease seems to predispose to the other. Chinese whooping-cough does not protect against future attacks of whooping-cough in children who are exposed to the latter after return to Europe.

A disease, called by the Chinese "Wind-Measles", occurs epidemically among foreign residents in China, spreading to them from the native population. It affects adults and children. It is characterized by mild fever and catarrh of the respiratory passages, and by an eruption of small flat papules, like those of measles, but irregularly distrsbuted and of a rosy color. The eruption fades after the third day, and on the fifth day is followed by fine dust—like desquamation. Nearly always flabby granulations can be seen, in large, flat, reddish patches, on the slightly congested pharyngeal wall. Convalescence is rapid. This disease seems to be distinct from both European and Chinese measles, since neither protects against the others.

Typhoid fever is not included in the present sketch.

After a careful discussion of the question, whether true typhoid fever occurs in China or not, the writer remarks that all along the Chinese coast an epidemic

fever appears occasionally which closely resembles typhus. It is contagious, but not to an intense degree. It is identical with, or closely simulated by, neglected malarial fever of adynamic type, but foreigners are tolerably certain to escape it, unless they go into its haunts—the abodes of filth and extreme poverty—and seek it.

An epidemic fever called Influenza and sometimes Dengue prevails at times.

Medical Progress.

THE LOWER JAW BONE NATURES EAR-PICK; A NEW FACT FOR THE PHYSIOLOGIST.

Professor Julian J. Chisolm startled the Medical Class of the University of Maryland by this original and queer statement. He was giving a clinical lecture on the danger of picking the ear with ear-picks or the common substitutes, hair pins, match sticks, pencils, etc. A patient had applied for treatment at the clinic with a perforation of the drum head, accidentally produced. He was picking his ear with a wooden tooth-pick, when ,turning around to notice some one, his elbow struck an open door, which drove the tooth-pick deeply into the ear and through the drum head causing pain and impairing hearing.

Dr. Chisolm explained to the class that the ceruminous glands are not distributed over the entire surface of the external meatus. "No secretion is wanted near the drum head, and therefore in the depth of the meatus no ceruminous glands are found. The ceruminous secretion is designed chiefly for keeping clean the drum head and is therefore allied to the lachrymal secretion which keeps clean the cornea. The secretion when exuded is glutinons for the purpose of catching such particles of dust as may enter the meatus along with atmospheric waves of sound. Nature has designed, but not made the meatus a straight passage. The sound vibrations must be reflected from side to side of the auditory tube in working their way down to the drum head, depositing all dust particles on the sticky walls from which the sound waves are being reflected. When they finally strike the drum head they have nothing extraneous to deposit upon this sensitive surface. The dust particles combine with the sticky cerumen and make the latter friable."

It is in the skin lining the cartilaginous portion of the external meatus that the ceruminous glands abound. It is also this part of the auditory canal that aids in the formation of the inferior maxillary joint. By thrusting the little finger into the outer ear every movement of the jaw is found to impart a corresponding motion to the lining of the ear tube. It is these movements that break up the ceruminous friable coating.

Moreover, the external meaters is a bent cylinder with its exterior half inclining downward as well as outward. This makes an inclined plane down and out of which particles of wax can be made to move. Every one is aware that at times a fragment of wax will tumble out of the meatus. They lodge in the fossa of the concha or outer ear where the finger finds them. It is the lower jaw in its frequent movements, when we are engaged in eating or talking, that dislodge these ceruminous crusts. It works all of them out of the ear and by so doing prevents accumulations. It is only when we intrude our coarse help on natures refined methods, and use ear-picks to interfere with natures methods of cleansing, that the wax masses are pushed too far over the inclined plane and toward the drum head beyond the influence of the movements imparted to the auditory passage by the lower jaw. From this meddling wax accumulations occur. The lower jaw is natures ever acting ear-pick. It is at hand to work, keeping both aural passages

clean when engaged in what we have heretofore considered its sole dual avocations talking and eating."

THE EFFECT OF ASPARAGUS ON THE URINE.

One of the curious by-ways seldom explored by science is that which Professor Nencki of Berne has lately investigated (*Archiv f. Exp. Path. u. Pharm.*, Bd. xxviii., Hft. 3 u. 4). It is, namely, the determination of the familiar change in the odour of urine that follows on the eating of asparagus. Hilger attempted to isolate the body causing this odour, by distilling the urine passed after a three days' diet of this vegetable, but he could not arrive at a definite result. Professor Nencki, availing himself of the good offices of four of the workers in his laboratory, who substituted for their midday meal a repast of asparagus, collected the urine passed by them up to 8 P. M. on the same day, acidulated it with oxalic acid, and distilled it over a sand bath. The volatile products were conducted into a solution of cyanide of mercury, causing a precipitate therein; and this, together with a similar deposit obtained by another trial, was collected, washed, and, being treated with a small quantity of a 5 per cent solution of hydrochloric acid, was again heated—the vapour, which had the characteristic odour of methyl. mercaptan, forming a bright-yellow crystalline deposit in a solution of plumbic acetate. The odoriferous body in the urine is therefore in all probability methyl-mercaptan. Previous experiments by Prof. Nencki and M. Sicker have shown that this substance is one of the products of fermentation of albumen, and also of gelatine, and that it forms one of the constituent gases of the large intestine. Indol and phenol are also derived from the putrefaction of albumen, and it is probable that other sulphur-holding bodies are similarly derived. As to its connexion with asparagus, Professor Nencki quotes an interesting communication from Dr. O. Loew of Munich, to the effect that asparagin contains an organic sulphur compound, and that it is highly probable that methyl-mercaptan is formed in the albuminous disintegration which takes place in the germination of the plant.—*Lancet*, April 11th.

"TR. OPII PULV."

A medical case in the Chicago courts has recently attracted considerable attention. It appears that some two years ago a physician, in prescribing for an infant three months of age, suffering from otitis wrote, "Tr. opii pulv.," which the druggist interpreted—either rightly or wrongly—laudanum, and filled the prescription accordingly, notwithstanding that the dose called for was toxic, as was proved by the death of the child some few hours thereafter from symptoms of opium-poisoning. The physician afterward recognized and admitted his part of the error, and consented to arbitration touching the question of damages. Three prominent clergymen were therefore selected to whom the matter was referred, but their verdict being unsatisfactory a suit at law resulted. The evidence brought out the fact that the word "Baby" had been written by the physician before the surname of the patient, and it was argued from this that the druggist should have paid more heed to the opium ingredient. Testimony further showed from representative physicians and druggists that technically there was no such thing as "Tr. opii pulv.;" that while it would more readily be interpreted as laudanum, yet the peculiarity of the term should have attracted immediate attention to the original error. The defence was that the physician was not wholly culpable, even admitting that an error in expression had been made; and, furthermore that there was no criminal neglect, and that no financial value could be placed upon the life of the child. A decision was returned of $500 against the physician. A motion has been made for a new trial, and the outcome will be watched with interest.—*Med. Rec.*

IMPROVEMENT IN THE VISION OF MYOPIA BY TREATMENT WITHOUT GLASSES.

W. H. Bates, M.D., in *N. Y. Med. Jour.*:

CASE 1.—Frank G,, aged eighteen, began treatment March 1, 1888. He had been using a solution of atropine, two grains to an ounce, in both eyes for a week. Pupils dilated *ad maximum*, throat dry, and cheeks flushed. The best vision obtained with both eyes without glasses was $\frac{1}{25}$ the normal. With—4 D. S., vision $\frac{2}{5}$ the normal. Cloudy vitreous.

Treatment.—Iron, cod-liver oil, laxatives, counter irritation over the spine, and the removal of hypertrophies in the nose.

March 30, 1888.—The vision of both eyes without glasses $\frac{1}{3}$ the normal.

CASE 2.—Sam. J., aged eighteen, began treatment March 5, 1888. Vision with both eyes $\frac{1}{25}$ the normal. With—6 D. S., vision normal.

Treatment consisted of atropine in the eyes, iron internally, seton in temples, and nasal treatment.

March 24, 1888.—Vision had improved to almost normal without glasses, $\frac{20}{20}$—.

CASE 3.—Miss A., aged thirty, began treatment December 31, 1887. Vision with both eyes without glasses $\frac{1}{20}$. With—10 D. S., vision $\frac{2}{3}$ the normal.

Treatment which seemed to improve the vision was the removal of hypertrophies in the nose, tonics, and counter-irritation.

April 10, 1888.—Vision of both eyes $\frac{1}{2}$ the normal without glasses.

CASE 4.—Mr. M., aged twenty, began treatment July 2, 1888. Vision with both eyes $\frac{1}{25}$ the normal. Extensive choroidal changes, and floating bodies in the vitreous. Ordered atropine and iodide of potassium.

July 7, 1888.—Vision without glasses not improved. With—11 D.S., vision $\frac{1}{2}$.

At different periods the nose was operated upon with only temporary improvement.

Three leeches, applied first to the left temple, and at a later date to the right temple, did not improve the vision.

August 4.—Vision the same as at the commencement of the treatment. Atropine is still used.

The iodide of potassium was stopped and the vision improved. Various methods of counter-irritation over the epigastrium were employed with benefit.

January 2, 1889.—Vision without glasses $\frac{1}{3}$ the normal.

CASE 5.—Hattie K,, aged twenty-four began treatment June 21, 1888. Vision with both eyes without glasses $\frac{1}{20}$ the normal. With—5 D. S., $\frac{2}{7}$ the normal.

Ordered atropine and iodide of potassium.

July 7, 1888.—Vision without glasses slightly improved.

Treatment of naso-pharyngeal catarrh was now begun and continued.

August 25.—Vision of both eyes without glasses $\frac{1}{5}$ the normal.

CASE 6.—Louisa H., aged eight, began treatment November 1, 1889. Vision without glasses $\frac{1}{20}$ the normal. Ordered atropine and blue glasses, to stop her studies.

December 7, 1890 —With—4-5 D. S. ⌒—5·5 D. C., vision $\frac{2}{7}$ the normal.

January 17, 1891, pupils dilated *ad maximum* by atropine; vision of both eyes, without glasses $\frac{2}{5}$ the normal.

CASE 7.—Nellie K., aged thirteen, began treatment October 31, 1889. Vision of both eyes without glasses $\frac{1}{10}$ the normal. With—10 D. S. ⌒—6·5 D. C. vision $\frac{2}{7}$ the normal. Patient was under atropine until November 16, 1890, when the vision was found to be unimproved with and without the above glasses. Atropine stopped.

Vision was improved by using a solution of bichloride of mercury as an eye wash.

Wearing a pressure bandage at night was beneficial for a time.

Treatment of the nose improved the vision.

A tenotomy of the tendon of the external rectus muscle of the left eye also improved the vision.

Eserine, by contracting the pupil, im-

proved the vision early in the treatment, but made the vision worse when tried February 2, 1891, with the vision without glasses improved to $\frac{2}{7}$ the normal.

March 6, 1891.—Vision without glasses $\frac{2}{5}$ the normal.

Contracting the palpebral fissure (squinting) makes the vision worse.

The vision in many cases of myopia can be improved very much by treatment without glasses, and frequently this improvement is so marked as to render glasses unnecessary.

2. An astigmatism of even 5 D. did not interfere with the good results.

3. The greater the myopia and the older the patient, the longer is the time necessary to obtain the best results.

4. The use of glasses during the treatment must be prohibited.

SOME QUESTIONS ABOUT ISSUES AND SETONS.

Twenty years ago practitioners of medicine held that the issue and the seton were curative procedures of great value. The writer well remembers having heard the virtues of these vaunted by old physicians (and old women). They were thought in some way to drain the system of its impurities—to afford a channel by which materies morbi could effect an egress or be drawn off.

While their use is an ancient one and based upon empiricism abundant evidence exists of their worth. Though we find favorable mention of them in medical works of to-day, nevertheless they are practically obsolete methods of cure, and owe their disuse to the refinement of modern medicine rather than to any lack of therapeutic power.

Now the question occurs, Does the discovery of the function of the phagocytes throw any light upon the action of the issue and the seton?

Metchnikoff has proved that the phagocytes are destroyers of noxious bacilli.

Do not the issue and the seton favor the production of the phagocytes by inducing suppuration?

Suppurative processes in some way increase the number of phagocytes in the blood.

May not ulcerative processes generally be efforts on the part of nature to effect the production of the phagocytes for curative purposes?

There has always been a deeply-rooted prejudice against healing any chronic sore, and this feeling has been caused by the frequent occurrence of sickness after it has been done.

I have seen excellent results follow the use of the issue and the seton in several cases, two of which I will give.

Mrs. W——, about forty-seven years of age, a member of the writer's family, was subject for six years to severe attacks of facial erysipelas.

These occurred at intervals of six or eight months. An issue was ordered in accordance with old-time notions as a prophylactic measure, and was established in her arm by means of potassa fusa and an issue bead of orris root.

She never had another attack of erysipelas, remaining in perfect health for nearly twenty years, when she died of apoplexy.

Mr. G——, aged forty nine, was afflicted with recurrent attacks of ophthalmia.

The insertion of a seton in his neck was followed by immunity from the attacks, and I am informed by great improvement in his general health, which has continued for over ten years and to the present time. The seton has been kept running during the entire period and does not, he says, much inconvenience him.

The issue and the seton have been recommended by eminent surgeons, notably Ericksen and Gross, for beneficial effects in cases of joint disease before suppuration occurs.

Their action in these cases, as in those I have mentioned, seems to be something more than that of mere counter-irritants, and I believe that Metchnikoff's discovery enables us to account for it.

Have we done well to discard the use of the issue and seton?—Cyrus Edson, M. D., in *Medical Record*.

ABNORMAL CARDIAC ACTION AS A RESULT OF DISTURBED INNERVATION.

Dr. Groedel (*Berliner klinische Wochenschrift*, 1890. No. 21), treats this subject under the following heads:—(1(Nervous palpitation—no organic cardiac disease being present. It is seen in chlorosis. It may also be brought about reflexly through disturbed digestion, etc. It may be due to excessive indulgence in tobacco, tea or coffee, to gout, (Fothergill), or to severe mental depression (Fraenkel). Theoretically a slight irritation of the accelerating nerves or a functional paresis of the inhibitory nerves of the heart could produce this condition, or, indeed, the influence of the vasomotor centres upon the arterial system could bring it about. Dr. Groedel thinks, however, that an unstable equilibrium of the innervation factors, together with impossibility of a rapid readjustment, is the most important element in the production of this nervous palpitption.

2. Tachycardia. Here there is considerable and long-lasting increase in the cardiac rate without there being necessarily any subjective sensation of palpitation, and the attack is not dependent on mental impressions. Tachycardia may be permanent or paroxysmal. The heart is generally healthy. Most cases, as Gerhardt has pointed out, are to be referred to paralysis of the vagus nerve, combined, if the heart-rate be very rapid, with irritation of the sympathetic. A few slighter forms may be attributed to the latter cause alone.

3. Bradycardia or infrequency of the pulse. This may be physiological or symptomatic, as in arterial sclerosis, etc. It may certainly exist without cardiac disease. Angina pectoris is now attributed to disease of the coronary arteries, as against the theory of its being due to a neuritis of the cardiac plexus.

Huchard recognizes a form of purely nervous origin, which he calls pseudo-angina. He also admits certain nervous influences in the production of true angina, and even refers one form to spasm of the coronary arteries. He thinks that not only the heart muscle, but also the nerves, degenerate in cases of atheroma of the coronary artery.—*Brit. Med. Jour.*

CHLORIDE OF ETHYL AS A LOCAL ANAESTHETIC.

As a substitute for ether spray as a local anæsthetic, M. Monnet has introduced a method of freezing by means of chloride of ethyl, which is highly spoken of by Dr. C. Redard, clinical professor at the Geneva School of Dentistry. Chloride of ethyl is a colorless liquid possessing an etheral odor, with a boiling point of 50° F. It is hermetically sealed in glass tubes containing ten grammes, one end being drawn out into a fine point. When required for use the point is broken off with a pair of forceps, or by hand, at the narrowest part, which is marked by a file scratch on the glass, and the warmth of the operator's hand is sufficient to cause a very fine jet of the chloride to be projected on the part to be anæsthetised. One great advantage claimed for this method is that no apparatus is required, and its use is advocated in such cases as tooth extraction, neuralgia, &c.—*Lancet*, April 11th.

Medical Items.

The property of the great and representative medical body, the New York Academy of Medicine is now valued at $400,000, with a debt of only $30,000.

Dr. Siebert has resigned the editorship of the *New Yorker Deutschen Medicinischen Monatsschrift*, and Dr. Heppenheimer has been appointed to fill the vacancy.

The fattest man in the world is said, by the *St. Petersburger Med. Wochensch.*,

to live in Danville, U. S. A. His name is Mr. John Hansen Craig, is 35 years of age, and weighs 907 American or 925 Russian pounds.

Influenza still prevails in New York to a considerable extent, and the death-rate of the city has been unusually high during the past week. On April 7th the mortality from all causes was 195, on the 8th, 178, and on the 9th, 206.

A slight epidemic of small-pox is reported to have been in progress in St. Louis during last month. Every precaution was taken, however, and a prompt limitation was enforced. As so often occurs, the exact origin cannot be clearly ascertained.

In the State of New York there is now a compulsory three years course of study prefaced by a compulsory preliminary examination, and ending by an independent examination for a license practice before a Board of Medical Examiners appointed by the State.

The Rev. S. Bridenbaugh tells in the American *Sanitary Bulletin* how, when pastor of a small town in Pennsylvania, the corpse of a child that had died of diphtheria was "on view" for three days in a house opposite the public school, when over 100 of her schoolfellows as well as many other persons visited it. More than 150 persons contracted the disease, and 40 of them died.

Three cases of typhus fever, two of which proved fatal, have recently developed in New York; the first that have been reported in the city for a considerable time. A case has also come to light at Elizabeth, N. J., and it has now been definitely ascertained that in all these four cases the patients recently arrived from Hamburg, where the disease was no doubt contracted in the filthy sailors' or emigrants' boarding-houses, for which that city is notorious.

The Committee on Public Health, reported the following bill to the Massachusetts Senate:

"No person shall sell to a child under sixteen years any candy or other article enclosing liquid or syrup containing more than one per centum alcohol, unless authorized under the provisions of chapter 100 of the Public Statutes, and the acts in amendment thereof."

The Common Council of Cincinnati has, on the advice of the Health Commissioner of the city, Dr. J. W. Prendergast, interdicted public exhibitions of hypnotism, and adopted an ordinance making them a misdemeanour, on the ground that the indiscriminate application of hypnotism is, in a large proportion of cases, injurious to the mental health of the person upon whom it is practised.

The Medical and Chirurgical Faculty of the State of Maryland, will hold its Ninety-Third Annual Convention, in the Hall of the Faculty, (Athanæum Building), corner of St. Paul and Saratoga Streets, Baltimore; commencing Tuesday, April 28th, 1891, at 12 M. The Executive Committee announces the following:—Delegates will present their credentials on Tuesday at 11.30 A. M. The President's address—"The Relation of the Faculty to Professional Organizations in Maryland"—will be delivered on the same day, at 12.30 P. M. Prof. W. H. Welch, of Johns Hopkins Hospital, Baltimore, will deliver the Annual Address, on Wednesday, April 29th, at 12 M. His subject is "Causation of Diphtheria." Volunteer papers must be sent to Dr. Robert Wilson, Assistant Secretary, on or before the first day of the Convention. The large conversational hall will be used for Pharmaceutical Exhibits. The Profession is cordially invited. Thomas A. Ashby, M. D., President; Joseph T. Smith, M. D., Corresponding Secretary.